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ABSTRACT

Presenting testimony on bills that would amend the Appalachian Regional Development Act of 1965, this volume contains the texts of H.E. 8777 and H.R. 8374 and the statements of numerous representatives from Appalachian states. The amendments are proposed to extend the period of assistance for the Appalachia Regional Commission (ARC) child development programs for two years, through 1979, while a study is conducted to find ways of phasing out federal assistance to the programs. The opening testimony by Ohio Representatives Miller and Applegate stresses the role of the ARC child development program in the overall improvements in Appalachia since the early 1970's and cites the difficulties of moving from ARC funding to Title XX funding without jeopardizing the quality or scope of services. Compiled in response to specific questions raised in the hearings, the appendices contain (1) the status of the 183 child development programs terminated from ARC support as of the end of 1977, (2) a cost analysis and management assessment of five ARC child development centers, (3) abstracts of the Appalachian State Plans for FY 1977, (4) a tabular summary of Title XX funds received by Appalachian and non-Appalachian states, and (5) a detailed analysis of states' Title XX social services plans for FY 1977. (JH)

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APPALACHIAN CHILD DEVELOPMENT

(95-44)

HEARING

BEFORE THE

SUBCOMMITTEE ON ECONOMIC DEVELOPMENT

OF THE

COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION

HOUSE OF REPRESENTATIVES

NINETY-FIFTH CONGRESS

FIRST SESSION

ON

H.R. 8777 and Related Bills

TO AMEND THE APPALACHIAN REGIONAL DEVELOPMENT ACT OF 1965 TO PERMIT AN EXTENSION OF THE PERIOD OF ASSISTANCE FOR CHILD DEVELOPMENT PROGRAMS WHILE A STUDY IS CONDUCTED ON METHODS OF PHASING OUT FEDERAL ASSISTANCE TO THESE PROGRAMS

OCTOBER 12, 1977

Printed for the use of the
Committee on Public Works and Transportation

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OCTOBER 13, 1977

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VII

95TH CONGRESS
1ST SESSION

H. R. 8777

IN THE HOUSE OF REPRESENTATIVES

AUGUST 4, 1977

Mr. APPLEGATE (for himself, Mr. MILLER of Ohio, Mr. HARSHA, Mr. CARNEY, Mr. RICHMOND, Mr. JENKINS, Mr. FLIPPO, Mr. EDWARDS of Alabama, Mr. BEVILL, Mr. BUCHANAN, Mr. PERKINS, Mr. CARTER, Mr. WALGREN, Mr. MURPHY of Pennsylvania, Mr. GUDGER, Mr. HEFNER, Mr. NEAL, Mr. HANLEY, and Mr. BOWEN) introduced the following bill; which was referred jointly to the Committees on Public Works and Transportation and Interstate and Foreign Commerce

---

A BILL

To amend the Appalachian Regional Development Act of 1965 to permit an extension of the period of assistance for child development programs while a study is conducted on methods of phasing out Federal assistance to these programs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

FINDINGS AND PURPOSE

SECTION 1. (a) The Congress hereby finds that—

(1) an urgent need exists to maintain support for the Appalachian comprehensive child development programs; and

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(2) the Appalachian child development programs have made great strides in decreasing the infant mortality rate, increasing the number of healthy, well-nourished children through a sound program of prenatal care, immunization schedules, and nutritional guidance, while at the same time providing the opportunity for thousands of parents to enter the labor force; and

(3) the procedures for securing financial support from other sources by which these programs can become self-sufficient are prohibitively complicated and cannot meet the caliber and diversity of services now available.

(b) It is the purpose of the Act—

(1) to charge the Appalachian Regional Commission with the task of investigating the existing difficulties in turning over complete sponsorship of such child development programs to State or private agencies, and of reporting their findings and recommendations to the Congress;

(2) to extend the grant period for the child development programs to permit continued funding of these programs until this investigation is completed; and

(3) to encourage and promote even further the existing concerted regional effort of innovation and cooperation toward meeting the needs of children.

EXTENDING THE PERIOD FOR GRANTS FOR APPALACHIAN CHILD DEVELOPMENT PROGRAMS

SEC. 2. The seventh sentence of section 202 (c) of the Appalachian Regional Development Act of 1965 (40 U.S.C. App. 202 (c)), relating to the duration of grants for operation of demonstration health projects, is amended by striking out "five years" and inserting in lieu thereof "five years (or seven years, in the case of a project for a child development program) ".

STUDY OF PHASING OUT FEDERAL SUPPORT FOR APPALACHIAN CHILD DEVELOPMENT PROGRAMS

SEC. 3. (a) The Appalachian Regional Commission shall make a full and complete investigation and study of the child development programs being assisted under the Appalachian Regional Development Act of 1965 to determine the source and nature of any problems in the phasing out of such Federal assistance to such programs and to recommend solutions to these problems, including procedures by which sponsorship of these programs can be turned over to State or private agencies, or both.

(b) The Appalachian Regional Commission shall make a report to the Congress of its findings and recommendations under subsection (a) not later than one year after the date of enactment of this Act.

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95TH CONGRESS
1ST SESSION

H. R. 8374

IN THE HOUSE OF REPRESENTATIVES

JULY 18, 1977

Mr. APPLEGATE introduced the following bill; which was referred jointly to the Committees on Public Works and Transportation and Interstate and Foreign Commerce

---

A BILL

To amend the Appalachian Regional Development Act of 1965 to secure a continuation of child development programs while further research is conducted.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) the Congress hereby finds that—

(1) an urgent need exists to maintain support for the Appalachian comprehensive child development programs; and

(2) the Appalachian child development programs have made great strides in decreasing the infant mortality rate, increasing the number of healthy, well-nourished children through a sound program of prenatal

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care, immunization schedules, and nutritional guidance, while at the same time providing the opportunity for thousands of parents to enter the labor force; and

(3) the procedures for securing financial support from other sources by which these programs can become self-sufficient are prohibitively complicated and cannot meet the caliber and diversity of services now available.

(b) It is the purpose of the Act—

(1) to charge the Appalachian Regional Commission with the task of investigating the existing difficulties in turning over complete sponsorship of such child development programs to State or private agencies, and of reporting their findings and recommendations to the Congress;

(2) to charge the Appalachian Regional Commission to provide transitional funds, as necessary, to maintain the child development programs; and

(3) to encourage and promote even further the existing concerted regional effort of innovation and cooperation toward meeting the needs of children.

SEC. 2. The Appalachian Regional Development Act of 1965 is amended by inserting after section 214 the following new section:

"CHILD DEVELOPMENT PROGRAMS

"SEC. 215. (a) In recognition of the importance to the region of assistance under this Act to child development programs the Commission shall—

"(1) continue such assistance at the current level through September 30, 1979; and

"(2) make a full and complete investigation and study of the child development programs being so assisted for the purpose of determining any problems with special regard to phasing out of Appalachian Regional Commission support in such programs, recommended solutions to such problems, and a procedure under which complete sponsorship of such programs could be turned over to State or private agencies, or both.

"(b) The Commission shall make a report to the Congress of its findings and recommendations under subsection (a) (2) not later than one year after the date of enactment of this section.

"(c) Notwithstanding any other provisions of this Act, there are authorized to be appropriated such amounts as are necessary to carry out the provisions of this section.".

APPALACHIAN CHILD DEVELOPMENT

THURSDAY, OCTOBER 13, 1977

House of Representatives,
Subcommittee on Economic Development,
of the Committee on Public Works and Transportation,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:39 a.m. in room 2253, Rayburn House Office Building, Hon. Robert A. Roe (chairman of the subcommittee) presiding.

Mr. Roe. The purpose of our hearing today is to receive testimony on H.R. 8777 and H.R. 8374, introduced by our distinguished colleagues from Ohio, Congressmen Doug Applegate, Clarence Miller, and Bill Harsha, our ranking minority Member, and cosponsored by 18 Members of the House.

This bill amends the Appalachian Regional Development Act of 1965, to extend the period of financial assistance for child development programs in Appalachia for a 2-year period through 1979. The legislation also requires the Appalachian Regional Development Commission to undertake a study of the problems associated with phasing out Federal funding of these programs.

I want to welcome all of the representatives of the Appalachian child development programs who are here today, and I must suggest that we have received a great deal of correspondence on this measure from a very active and concerned group of people in the Appalachian area. These programs are certainly a unique part of our Appalachian program. The ARC child development programs have successfully demonstrated new approaches in the delivery of comprehensive health and child development services in many underserved rural areas of Appalachia. The flexibility of Commission funding for these demonstration programs has enabled the States and local communities to devise child care programs that are tailored to meet the specific needs of our rural communities.

As all of you know, when this committee wrote the provisions for the child development programs in the Appalachian Act, it was our intent that these programs be limited to a 5-year demonstration period, after which the States and local communities would assume the responsibility for funding these projects.

The committee has been informed by the Appalachian Commission that over 90 percent of the child development programs that are no longer eligible for ARC funding have successfully obtained funding from non-ARC sources and have continued to operate at full levels of services. This is indeed a record of which we can all be proud. However, the committee is also aware that there are certain projects in several of the Appalachian States which have, or will reach, their fifth

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year of funding very shortly, and will be unable to continue if additional financial assistance is not forthcoming. It is our purpose here today to explore what problems exist with those projects that will no longer be eligible for Commission funding, and to find a solution which will capitalize on the success of the Appalachian demonstration effort yet insure that the services provided by these important programs are continued.

Without further comment, I now defer to my good friend, John Paul Hammerschmidt.

Mr. HAMMERSCHMIDT. Well, I want to join with Chairman Bob Roe in welcoming you today. It is always a special pleasure for us to hear from our colleagues, and I certainly want to commend Congressman Applegate, Congressman Miller, and Congressman Harsha, the ranking minority member of the full committee, for developing this legislation. Certainly, I shall look forward with interest to their explanation of this bill and their presentation indicating a need for a change in the legislation of the child development program under the Appalachian Regional Commission.

It is also a particular pleasure to have Bob Scott, the Federal Cochairman of the Appalachian Regional Commission, today. I belive this is the first opportunity we have had for Governor Scott to appear before us on the committee in his new capacity. Certainly, we look forward to the chance to work with him today and in future programs of interest to us all.

It is my understanding that H.R. 8777 and H.R. 8374 are intended to extend for an additional 2 years funding for child development projects which, despite local efforts, have been unable to get a commitment of new funding sources necessary to continue the operation of child development programs. This would be a stop-gap measure to enable communities to sustain their present programs, while continuing their search for new funding sources.

I see that we have quite a lengthy witness list. I do not want to take any additional time from these people. I am glad to have the opportunity to hear your firsthand account of this program. It is important that the committee have a chance to benefit from your experiences. I appreciate your contribution for providing us with information about the difficulties imposed by the 5-year statutory limitation on child development operational grants.

I feel it is very important to examine this legislation, in an effort to gage its impact on local communities, and I look forward to your testimony. And I hope that you will be frank, so that we can have all the facts before us in order to assess what remedies need to be undertaken to improve this program, and continue the high quality of child development programs which have received their start through the Appalachian Regional Commission.

Thank you, Mr. Chairman.

Mr. ROE. Thank you, Mr. Hammerschmidt. Mr. Harsha?

Mr. HARSHA. Thank you, Mr. Chairman. Certainly. I want to join both you and Congressman Hammerschmidt in welcoming our distinguished guests today. I also want to indicate my support for the legislation. As you know, I have joined with my colleagues, Doug Applegate, Clarence Miller, and others, in introducing this legislation because I have seen the value of child development and other related demonstration projects which have received their initial funding through the Appalachian Regional Commission, and I want to particularly commend Congressman Applegate for assuming the leadership in this issue and, with your assistance, Mr. Chairman, bringing this matter before the subcommittee.

It is a matter of concern with four projects in the State of Ohio that would clearly be unable to continue their work, because ARC funds were terminated in September. Other programs in this State, and 12 other Appalachian States, may find themselves in similar circumstances over the next 2-year period, or, if their program does not have to be terminated, may find that services must be severely reduced.

I am not going to go into the elements of the legislation. Both you and Congressman Hammerschmidt have done that, but this legislation is intended to assist with these projects which need some transitional support. In a more positive vein, I want to indicate that since 1971, 23 projects of this nature have been funded in the State of Ohio. The greatest majority of these have been able to obtain local funding and to continue and, in a few cases, even expand the vital services of providing improved quality of health, nutritional, and child development care.

This is a program that is working. However, it may be necessary to take legislative action, or perhaps take additional steps to locate funds to continue child development programs for an extended period of time, recognizing the economic difficulties of a number of State and local communities.

I want to thank each of you for coming today and I hope that you will provide the committee with the necessary information, so that we may have an objective evaluation of this program. Unfortunately, Mr. Chairman, as you know, I have a bill on the floor today, the Navigational Act, which pertains to the State of Ohio and is very vital to the Sixth Congressional District. So, when the House convenes at 10, I will have to leave, if you will excuse me at that time.

Thank you, Mr. Chairman.

Mr. Roe. Thank you very much, Mr. Harsha.

Our first witness today is the Honorable Clarence Miller from Ohio, who is one of our distinguished members, and who has worked very, very hard in the overall legislative programing for Appalachia, and has been an extremely important personage in the Congress to see that this program continues with its present vitality.

So, the Chair would now defer to our good friend and colleague, Clarence Miller, from Ohio.

TESTIMONY OF HON. CLARENCE E. MILLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. Miller. Thank you, Mr. Chairman. Permit me, first of all, Mr. Chairman, to commend the Economic Development Subcommittee for conducting this hearing on H.R. 8777, a bill that we have cosponsored with Doug Applegate and several House colleagues to extend child development assistance from the Appalachia Regional Commission to local projects sponsored beyond the 5-year demonstration period now stipulated by the Appalachia Regional Development Act of 1965. These hearings give the sponsors of this measure, and local child development program coordinators, a valuable opportunity to present statements in support of favorable action on H.R. 8777.

I would like to take the time to introduce some of the people attending and participating in this hearing from Ohio. From Mount Saint Mary Hospital at Nelsonville, where the family development program is headquartered, we have the executive director, Mr. Mike Harter. We also have John Horne, the director of development for the family development program. And I'd also like to introduce Gary Little, Buckeye Hills-Hocking Valley Regional Development District representative.

We have several other people attending from the Tenth Congressional District of Ohio, and I would like, if I might for the record, Mr. Chairman, to have them stand and introduce themselves.

Mr. Roe. Fine.

Mr. Miller. If you would, please.

Mr. Pattillo. Jim Pattillo, from Athens.

Ms. Sheak. Arlene Sheak, from Athens.

Ms. Griffith. I am Doris Griffith, from Nelsonville.

Mr. Johnson. Joe Johnson, from Athens.

Mr. Gaskoff. Tom Gaskoff, from Athens.

Ms. Mount. Connie Mount, from Logan.

Mr. Miller. Thank you. I intend, Mr. Chairman, to keep my comments brief and oriented toward the overall importance of the ARC child development program. The subcommittee is fortunate to have appearing before it today officials of several child development agencies serving southern Ohio. These people will address the specifics of the program, as affected by ARC, title XX of the Social Security Act and the provisions of H.R. 8777.

The Ohio portion of the 13-State Appalachia chain consists of 28 counties, forming the southeastern corner of the State. Traditionally, this region has been plagued by economic and social setbacks which are now being effectively overcome through local initiative and generous assistance from the Appalachia Regional Commission. The area, once the victim of industrial decay and massive out-migration, has, since 1970, experienced a new birth generated by a renewed interest in coal. And with our energy problem today, this is vital to all in our Nation.

Also, we have a rebirth generated by a growth of vocational education, the development of programs which enable the working family to pursue employment opportunities while utilizing every childhood service program. People once deprived of jobs, who swelled welfare roles or left the region, now have hope and reason for optimism. While Ohio's population during the period of 1970 to 1975 increased by only 1 percent, the Ohio Appalachia regional area registered a 4.8-percent population jump.

The fact that citizens of Appalachia, with a strong desire to remain close to their ancestry, can now, in fact, find gainful employment without migrating is significant, when considering that 2.2 million people left the Appalachia region during the decade 1950–60. During the next 10 years, another million persons left. With the seventies, however, the trend began reversing with increasingly bright industrial business and commercial development.

The region, consisting of nearly 400 counties, now has more than 18 million residents, and has recorded a population jump of more than three-quarters of a million people during the 1970–75 period. The Census Bureau has also measured population increases in terms of turnaround counties; that is, those counties which lost population in the 1960's, but are gaining in the 1970's. Ohio has a total of 15 turnaround counties, and all located in southern Ohio.

These statistics, showing an economic and social revival in Appalachia, indicate that 1970 was a key year. Things began to happen; good things. Programs were bearing fruit and the region began looking forward to hope, rather than being constantly reminded of its depressing past. It is not coincidental that 1970 also marked the beginning of the ARC child development program.

The Commission and local project sponsors throughout the vast region saw the need to provide early childhood assistance to youngsters of the region. Those directly involved in the creation of this program saw a twofold purpose; first, early childhood nutritional, health, and educational intervention, which would greatly reduce infant mortality, retardation, illiteracy, and the audio visual afflictions; secondly, the opportunity for working families, previously subsisting on public assistance, to utilize the child development centers while seeking the job opportunities.

ARC's child development program offers the children of working families an extraordinary range of services, targeted at children in the critical zero-to-6 childhood years. The programs include: speech and hearing screening, services for handicapped children, day care, nutrition education, family counseling, outreach programs, and parental care service. Child development service centers located throughout the Appalachian area have become the hub of health and education assistance.

Appalachia's rejuvenation in the early 1970's included the timely emergence of ARC's child development program. Under existing statutes, ARC assistance to locally coordinated programs is limited to 5 years. For the child development program in southern Ohio, that period ended October 1. Several other multicounty operations are experiencing the difficulties currently being faced in southern Ohio, and for that reason, H.R. 8777 was offered to allow the child development program to continue for 2 additional years, so that funding mechanisms can be fully developed—and I think that that is a very important point—so that funding mechanisms can be fully developed to assure the continuation of the comprehensive services the program has offered to date.

I am convinced that a significant mixture of existing Federal, State, and local resources can be developed to allow ARC to withdraw from the program without jeopardizing the child development services currently available. In Ohio, that shift is more greatly dependent upon improving the administrative channels associated with the funding under title XX of the Social Security Act than it is upon any increase in Federal funding. Adequate levels of title XX funding are available to Ohio, but local child development sponsors will tell the subcommittee that the administrative requirements tied to its use and the limits to which it can currently be invested will not permit the continuation of the program at its present successful level. In actuality, the hardships imposed by the title XX requirements, undercut the objectives of the child development effort. That is particularly sad when we consider that it is Appalachia's children who ultimately suffer.

Generally speaking, ARC's method of providing assistance has been an unwrinkled formula which permits a great deal of local latitude in child care services. Funding from alternate Federal-State sources, most notably title XX, is knotted with redtape, reimbursement procedures, and contractual stipulations.

We have worked closely with local project sponsors, with the State, with the U.S. Department of Health, Education, and Welfare, and the Commission in a determined effort to smooth the transition from ARC support to greater support under other Federal-State programs, such as title XX. Due to the significant differences between ARC and title XX administration requirements and limitations, however, the switch has not materialized at this time. As a result, the child development program is threatened with extinction, and its wake, Appalachia faces the loss of enterprising early childhood assistance services, a swelling of welfare rolls, as today's working mothers face the loss of day care centers, and ultimate negative impact on the monumental strides the region has taken toward economic and social progress since 1970.

It is not my intent to be dramatic, Mr. Chairman, in this overview of the child development program and its importance to the growth of Appalachia. The obvious, however, cannot be overlooked. Child development is associated with the overall picture of improvement in Appalachia, and continued support from ARC, until local programs can operate more independently, is a must. For that reason, I ask the subcommittee's favorable consideration of H.R. 8777. Thank you, Mr. Chairman.

Mr. ROE. Thank you, Mr. Miller, for your excellent presentation. Are there any questions that any of the members wish to express?

[No response.]

Mr. ROE. We thank you very much, Clarence, for a good overview of exactly what the situation is. Based on your presentation, maybe what we should do is to eliminate title XX and put it all into ARC. Would that not be a good idea? [Laughter.]

Mr. MILLER. That may be a good idea. Thank you.

Mr. ROE. Thank you very much.

Our next witness this morning is the distinguished Douglas Applegate, our colleague and very distinguished member of this committee, who has extended significant leadership in helping to formulate this legislation with our colleagues Bill Harsha and Clarence Miller of Ohio. And I, as the chairman of this committee, want to compliment you, Doug, for the outstanding effort and energy you have projected on this legislation. You may proceed with your presentation.

TESTIMONY OF HON. DOUGLAS APPLEGATE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. APPLEGATE. Thank you very much, Mr. Chairman, members of the committee, and ladies and gentlemen who are here. I have been receiving some plaudits that really and truly have to go to those who are involved in the program and those who are here with us today, and particularly those from Ohio because they are the ones who get me revved up into pushing the legislation. And, of course, I want to thank the cosponsors, and one group of people who rarely gets thanked, and that is my staff, and particularly Maryanne Mascolino, who probably was more instrumental in the writing of this bill than anybody else.

And I want to follow up on Clarence Miller, because his testimony was extremely informative and right to the point, and I think he hit some of the extremely affirmative parts of the need for this bill. What I would ask is that in order to expedite time, that we defer questions to the witnesses who will follow, one of which, of course, will be the Federal Cochairman of the Appalachian Regional Commission, Governor Scott, and Mr. Schwartz, along with the panel of Ohioans that I will introduce at a later time.

But, I approach this committee of my distinguished and learned colleagues to urge favorable consideration of House Resolution 8777 on behalf of not only the beneficiaries of the Appalachian Regional Commission's child development programs in my district, but of those beneficiaries within the entire 13-State region.

During the course of the day, many will come to this hearing and will be offering a variety of praises, each reflecting the caliber and results of these fine programs. Your attention will no doubt be fixed on a significant number of these public child and family programs, which, indeed, do work and, in fact, are a tremendous reflection of just how well government can operate.

But, we are not here to singularly extol the virtues of these programs. Rather, we are here to also listen and weigh with due deliberation the evidence presented, which will substantiate the fear that these programs are in very grave danger of becoming rapidly and severely curtailed.

Throughout a major portion of this proceeding, I am certain you will hear various statistical figures and other numbers being included in the testimony as evidence of alternate measures of funding that have worked, and other which have failed. I will not deal with this particular portion of the discussion here today, but will defer that area to those who have directly dealt with the difficulty. However, I would like to offer the sentiments of destruction and harm which have been echoed repeatedly to me since early in the spring.

Through more than 325 projects serving more than 300 out of 397 counties in Appalachia, in excess of 200,000 individuals have been served. These programs are: immunizing and properly nourishing America's children, providing vital prenatal care and education for young mothers, allowing literally thousands of parents to enter the labor force in Appalachia, and thereby creating a self-sustaining life which they personally hold proud.

Looking back to the years preceding these programs, one need only compare the current with the past, and you will note the remarkable changes that have been made throughout Appalachia. The Appalachian Regional Commission deserves a truly sincere note of praise for their contributions in this progress through the innovative design and implementation of those programs.

But, the task has only partially been tapped, and the life of a child in this region of the country is by no means an easy one. I am certain that after considering the information presented during these proceedings, that you will concurrently agree that this is not the time to abandon a fine-tuned and smooth-running program, but, rather, this is the time to continue the program so that all the valuable gains that have been made will not be lost.

This basic funding issue is, in reality, an 11th hour situation, and we must act forthwith and with steadfast attention to secure temporary assurances while a long-term solution is sought.

We, as the official U.S. legislative body, 2 years ago created a powerful resource for programs, such as we are immediately concerned with, to tap into for funding sufficiency. This "miracle money" has come to be officially known as title XX. True, it is a powerful resource, but its magnitude has also created a distorted view of its proper and originally intended use.

The regulations, as attached to this public assistance "miracle money" have created more of an overinflated, misused, and misunderstood monster than one could possibly comprehend. In Ohio, alone, staggering amounts of this money are left untouched and unavailable for worthy programs such as we are discussing here today, and later, at fiscal year's end, reverted back to the Federal treasury.

When our critics attach the label of "red tape" to title XX accessibility, I have a tendency to concur wholeheartedly with the nomenclature. The simplest form of definition of the problems attached to title XX are: A, the scope of services covered under the title XX umbrella are far more limited, with prohibitive restrictions attached; B, the complicated, time-consuming administrative disbursement mechanisms for the reimbursement of the title XX funds is not only frustrating, but also restraining in obtaining the quality of services to be provided.

Granted, there are many more objections to the handling or title XX moneys, and I am certain that as the proceedings continue, these difficulties will become increasingly apparent. For this reason, the second portion of H.R. 8777, which directs investigation and research to be conducted into the funding alternatives to be conducted by ARC and reported to Congress within 1 year, carries as much importance as the extension of the funds themselves.

Far and above all of these considerations, I wish to bring one very basic thought to the forefront and ask that it be kept in mind as the discussions continue throughout the day. The people working in our local ARC programs are trained to provide the needed services, care, and emotional support to families and children of Appalachia, not to engage in the full-time task of raising funds for operational expenses or purposes. More importantly, we cannot expect them to be fund raisers.

Throughout many States and in most child development programs, each year the ARC dependence has been reduced. To some programs, presently, losing this portion of their dependence will either mean reducing the number of individuals served or shutting down that program entirely.

These programs represent one of the soundest uses of our Federal dollar. The local people of Appalachia have discovered a new sense

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of pride and resourcefulness; they are really not asking very much. And, today, we have appearing before the committee U.S. Congressmen, such as Clarence Miller; the Federal Cochairman of the Appalachian Regional Commission, Governor Scott; numerous State government representatives; various child development project directors; plus many others deeply concerned with the fate of these vital and important programs. However, we will not have those that will be directly affected by what is said and decided here; the children and the families of Appalachia.

These people have discovered a new sense of pride and a new sense of resourcefulness; for, really, again, they are not asking that much. But, they refuse, and quite rightfully, to be treated as an experiment whose time has suddenly run out, and to thereby be ignored while we move on to new projects.

All the facts, statistics, and words which will be spoken here today are basically integrated into one very important subject: People, people in need of our help. I most humbly, and with as fervent a belief as possible, do urge this committee to act favorably and swiftly with this legislation.

Well, I will do this a little bit later. I was going to do this at this particular time, but we do have a panel of Ohioans which, after we have an opportunity to listen to Mr. Schwartz, I will introduce to you and have them come forth with a general statement, because these are the working people in the field and they will be able to answer the very technical questions that you need answered, and additional information which the committee will be considering.

I thank you very, very much for your attention and I look forward to the success of this measure.

Mr. ROE. Thank you, Congressman Applegate. This is an excellent opportunity for us. As you will note, the second set of bells has sounded for a recorded quorum for the Members. We will be recessed for 15 minutes, and return to continue the hearing.

[Whereupon, a brief recess was taken.]

Mr. ROE. The hearings will reconvene on H.R. 8777 and H.R. 8374, bills to amend the Appalachian Regional Development Act of 1965. Before we call the next witnesses, the Chair would like to enter into the record at this point communiques from Governor Wallace of Alabama; from Senator John Glenn of Ohio, and from Senator Howard Metzenbaum, of Ohio, supporting this legislation. With no objection, so ordered.

[The following were received for the record:]

[Telegram]

MONTGOMERY, ALA. *October 11, 1977.*

Hon. HAROLD T. JOHNSON,
Chairman, Public Works and Transportation Committee,
Washington, D.C.

I am very interested in H.R. 8777 and respectfully solicit your support in the passage of this important legislation which would extend Appalachian assistance for two years to child development programs. The Appalachian region of Alabama covering 35 counties will be greatly affected by this legislation and I sincerely hope that the committee will give favorable consideration to H.R. 8777.

Sincerely yours,

GEORGE C. WALLACE, *Governor.*

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C., October 12, 1977.

HON. ROBERT ROE,
Chairman, Economic Development Subcommittee, House Public Works and Transporation Committee, Washington, D.C.

DEAR CHAIRMAN ROE: I commend you on the hearings your subcommittee is holding on October 13 regarding the continuation of the Appalachian Child Development Programs funded by the authority of the Appalachian Regional Development Act of 1965. As you know, child development programs funded by the Appalachian Regional Commission are only eligible for federal funds for five program years. Thus many of these valuable and much needed programs are now in jeopardy because of lack of the availability of continuing fiscal support.

The Appalachian Regional Act provided program funding for five-year child development programs which were intended to be demonstration projects to be picked up at the end of the fifth program year by state, local or private funds.

Now that many of these programs are in their fifth program year, we are finding that communities within Appalachia cannot generate the local money to carry on these programs in the manner envisioned when the Act was passed. I have spoken with people within the region who are currently being served by these child development programs, and I find that these programs are popular, effective, and well-run federal efforts. I sincerely believe their continuation is not only warranted but much needed. We cannot allow these vital programs in economically-distressed areas to lapse.

I co-sponsored similar legislation in the Senate to amend the Appalachia Regional Development Act of 1965 in order to continue certain assistance to child development centers. I am pleased the House has moved expeditiously on the matter, and I will be pressing for similar timely action in the Senate.

You have my complete support in your efforts to alleviate a major problem that affects a large portion of my State as well as an entire region.

Sincerely,

JOHN GLENN, *U.S. Senator.*

STATEMENT OF HOWARD M. METZENBAUM

Mr. Chairman I am pleased to have the opportunity today to testify in support of H.R. 8777, a bill to authorize continued funding for the more than 325 Child Development Centers supported by the Appalachian Regional Commission in the 13-state Appalachian region. As Congressman Applegate knows, Senators Allen, Sparkman, and Glenn joined me in introducing identical legislation in the Senate.

The Child Development Program was created in 1969 to provide Appalachian families with a comprehensive child service system designed to improve health, nutritional, and educational services. The program has been responsible for immunizing thousands of young children. It has made pre- and post-natal care available to mothers. Day care facilities established under the Program have allowed over 9,000 parents to enter the work force. Infant mortality has declined sharply in the region, and, for the first time, large numbers of poor children in Appalachia have access to pre-primary education. All of this has been accomplished at an annual cost to the Federal government of $119 for each person assisted.

The Child Development Program has provided tangible benefits to over 200,000 people in an economically depressed region at modest cost. In the long run, the human investments we have made in the children of Appalachia promise to pay back enormous dividends to the region and to the Nation as a whole.

Unfortunately, Mr. Chairman, these valuable Centers will face severe financial difficulties in the near future unless the Congress acts to maintain Federal assistance at current levels. Without help, some essential parts of the existing child service system will cease to operate.

This is so because, under current law, the Appalachian Regional Commission can fund each Center for no longer than five years. At the end of that period, Centers are expected to be financially self-supporting.

The 5-year requirement was established in 1969 and may have been quite reasonable at the time. Since 1969, however, inflation, high unemployment, soaring energy costs, and a host of other problems have placed great strain on local funds that might otherwise be available to support the Centers.

In addition, ARC assistance is often necessary to permit the center to take advantage of federal funding sources. If ARC funds dry up, so will support from a variety of federal programs.

In many states, for example, ARC dollars are used to meet matching requirements for federal programs like Title XX. Without the match, Title XX support will no longer be available.

Similarly, Medical and most other such third-party funding sources can reimburse the Centers only after services have been delivered. ARC funds have been used to provide the working capital needed to deliver these reimbursable services in the first place. If ARC funding ends, so will ready access to working capital.

Another major problem is that no funding mechanism currently exists outside the Appalachian Regional Commission to defray the cost of providing medical services to the children of the working poor. Should ARC assistance come to an end, thousands of such children will have to be dropped from the system.

Mr. Chairman, when I speak of reductions in essential services to the people of Appalachia, I am not speaking of hypothetical events that might take place at some time in the future. Closings and program cuts have already begun.

In Kentucky, termination of ARC funding forced one project to close its three day care centers and discharge 21 of its 23 employees. Another Kentucky project terminated 13 of its 22 staff members and is currently borrowing money to meet its payroll.

In Alabama, four projects which operate six day care centers have closed due to lack of funds. Ten Alabama projects are expected to close when their ARC funding runs out in January 1978. As many as 20 more may follow by September 1978.

A project director in South Carolina reports that when ARC funds terminate in June 1978, services to Title XX-certified working mothers will also end.

In my own state of Ohio, an end to ARC subsidies will mean that a highly regarded clinic which now serves over 100 children per week will be able to serve only 20 Medicaid and self-pay children per week. Over 1,800 children of working poor families will be deprived of the services this clinic now provides to them.

H.R. 8777 will provide a period of grace for the Centers by extending current funding levels for two years. It will also direct the Appalachian Regional Commission to investigate the difficulties these Centers have encountered in finding alternative sources of support and to report back to the Congress on this matter within 12 months.

Some Centers have been able to attain financial self-sufficiency within the prescribed period of time, but many have not. I believe that it would be better to find out why so many of these projects cannot yet phase out their ARC support than to force struggling Centers to close their doors. The best estimates I have seen indicate that we can provide this breathing space for approximately $8 million over currently authorized expenditure levels.

Mr. Chairman, the Child Development Program is an example of a government project that works. I urge the Subcommittee to take the necessary steps to permit the excellent start that has been made in improving the quality of life in Appalachia to continue. I can think of no area in which we can bring so large a benefit to the public for so small a price.

Mr. Roe. Our next witnesses will be Hon. Gov. Robert W. Scott, who is Federal Cochairman of the Appalachian Regional Development Commission, accompanied by Mr. Leonard E. Schwartz, States' representative; also accompanied by Mr. Robert Decker, director of the ARC child development program, and Mr. Stephen Johnson, Special Assistant to the Federal Cochairman.

Governor Scott, we want to particularly welcome you. I know you and I have had a chance, in your new duties, to exchange views, at least preliminarily. Committee members are highly aware of your outstanding work as Governor of your State and the splendid contribution you have made to your State and our Nation. You may proceed with your presentation, Governor.

TESTIMONY OF A PANEL OF WITNESSES CONSISTING OF: GOV. ROBERT W. SCOTT, FEDERAL COCHAIRMAN, APPALACHIAN REGIONAL COMMISSION, AND LEONARD E. SCHWARTZ, STATES' WASHINGTON REPRESENTATIVE, APPALACHIAN REGIONAL COMMISSION, ACCOMPANIED BY ROBERT DECKER, DIRECTOR, APPALACHIAN REGIONAL COMMISSION CHILD DEVELOPMENT PROGRAM; STEPHEN JOHNSON, SPECIAL ASSISTANT TO THE FEDERAL COCHAIRMAN; AND TOM ADAMS, CONGRESSIONAL LIAISON, FEDERAL COCHAIRMAN STAFF

Governor SCOTT. Thank you, Mr. Chairman, in addition to the members of the Commission staff, I have with me Mr. Tom Adams, the congressional liason on the Federal Cochairman staff. And I would like to add that Mr. Steve Johnson, who is Special Assistant on the Federal Cochairman staff, was just designated by me yesterday as the Acting Federal Cochairman of the Commission.

Mr. ROE. Splendid.

Governor SCOTT. Mr. Chairman, I am pleased to have this opportunity to appear before you and your distinguished colleagues as you consider H.R. 8374, a bill to amend the Appalachian Regional Development Act of 1965 in order to continue certain assistance to child development centers established under the leadership of the Appalachian Regional Commission. These centers are among many different types of child care projects that have been developed under the authority of section 202 of the Appalachian Regional Development Act, which provides for demonstration programs and health facilities and services, child care, and nutrition.

The child development projects that have been developed under this authority are not unique in all respects, as child care programs go. The types of services that are provided through their structure are comparable in quality to what you find in similar types of programs. They perform many traditional types of services for children and families in rural areas, such as day care, health services, nutrition services, and so forth.

If these programs are not unique, then why this keen interest in amending the Appalachian Act? I think the answer is fairly simple—flexibility. The Appalachian child development program provides for a comprehensive program, but allows great flexibility in how its funds are used to achieve the total program. The bewildering array of categorical programs, and their equally bewildering combinations of requirements and regulations, provide a definite contrast to the coordinated, yet flexible, approach developed within the Appalachian framework.

For many years, child care professionals have looked for a Federal program that had the flexibility to adapt to regional and local needs. The volumes of testimony gathered in hearings on the Family and Child Services Act of 1975 provides ample reference of the need to develop this flexible approach on a national level. The Appalachian program has become the only program to begin the development of this model. We initiated this concept in 1970, and are still learning from this experience.

Mr. Chairman, my statement this morning is rather brief, since I have only three points that I wish to make. First, I endorse the goal that H.R. 8374 attempts to reach: continuation of those child development projects that require some extra help and are judged by the State as meeting their objectives. The members of this committee recognize a program that works and that achieves the purposes for which it was established. I want to do all I can as Federal cochairman to help you accomplish that goal. If you determine that the only way to do this is to amend the Appalachian Regional Development Act, then I will work with you to find the best way to carry out your purpose.

However, I have two other points that I want to make, which are words of caution. The bill you have before you goes beyond that limited purpose and changes a fundamental premise that undergirds the Appalachian regional development program. The Commission's general counsel has analyzed this bill and its Senate companion, S. 1984, and concluded that either bill, if approved in its present form, will introduce structural changes that will severely complicate the administration of the nonhighway portions of the statute, and a copy of this analysis is attached as an appendix to this statement this morning.

Specifically, the bill provides the following: One, charges the Appalachian Commission with providing transitional funds, as necessary, to maintain the child development programs; two, continue such assistance at the current level through September 30, 1979; and, three, make a full and complete investigation and study of the child development programs being so assisted, for the purpose of determining any problems with special regard to phasing out of the Appalachian Regional Commission's support in such programs, recommending solutions to such problems, and a procedure under which complete sponsorship of such programs could be turned over to State or private agencies, or both.

It is my conclusion that the first two requirements conflict with the provisions of the Appalachian Regional Development Act of 1965, as amended. Section 222 of the act provides that:

> Nothing contained in this Act shall be interpreted as requiring any state to engage in or accept any program under this Act without its consent.

Furthermore, the provisions of H.R. 8374 removes any discretion from both the States and the Federal Cochairman in determining whether existing child development programs are meeting the purposes for which they were funded. They also discourage and conflict with existing Commission policies which require modest amounts of local resources on a graduated scale prior to the funding of new programs.

New projects now must provide 5 percent local cash in the first year, 10 percent in the second, and 15 percent in the third year. A little over a year ago, the Commission agreed that projects assisted under this authority would be limited to 3 years' support, except in unusual circumstances to be determined by each State. These requirements have proved instrumental in establishing a firm base of local support.

The Governors believe they lead to the development of programs that have a reasonable hope of achieving eventual financial self-sufficiency when Federal funds are no longer available. I support this policy, and respectfully request that you not provide statutory changes that inhibit this State flexibility.

Finally, I wish to point out that I believe it was the intent of the Congress that the ARC program remain a demonstration program. Projects that becomes successful and are candidates for continuation should be incorporated into the ongoing programs of the basic agencies at the State and Federal level. Where we find that program guidelines and regulations are prohibitively complicated and cannot meet the caliber and diversity of services now available, I believe we should go to work on changing these programs.

As a Governor, I found this to be a problem time and time again. The conditions have not changed, and changing the ARC program as proposed in this bill is simply postponing the need to address the basic problem. I fully recognize this approach may not meet the immediate needs of programs now faced with the loss of ARC assistance. However, I believe we can address the immediate needs in cooperation with the Department of Health, Education and Welfare.

The Department provides administrative support to the ARC projects, and with this support, we believe it is appropriate to bring ARC projects into full participation of other Federal programs designed to deliver services to children and families. For example, I would suggest that where an ARC project is now the operator of a Head Start program, that they be considered eligible for assistance for non-Head Start service that are provided to children who otherwise would be eligible for Head Start assistance.

Last year, the Commission faced a similar problem with 49 primary health care clinics that had been established that came to an end of their eligibility for ARC assistance. Working closely with the program manager of the Department of Health, Education and Welfare, we were able to obtain continuation funding under one or more of DHEW categorical programs, or 26 of those projects.

Secretary Califano has indicated his interest in learning from the Appalachian Commission how the Department's policies are affecting the delivery of services and programs in the region. I have made the needs of the child development projects known to him, and am confident his Department will respond. I believe it would be useful for the Secretary to know of this committee's interest, and especially to know that he has your support as he works with the Appalachian Regional Commission to provide funding under programs under his jurisdiction.

In conclusion, Mr. Chairman, I wish to provide as an attachment to my statement today a brief overview of the Appalachian child development program, as prepared by the Commission staff. I believe this provides a clear and concise summary of the program, its goals and objectives, and the amounts of total dollars provided over the program's history, to date.

Thank you, Mr. Chairman.

[Attachment referred to follows:]

COMMENTS ON H.R. 8374/S. 1984

H.R. 8374/S. 1984 proposes to amend the Appalachian Regional Development Act of 1965 (ARDA) by introducing a new section 215 which provides for continued funding by the ARC of child development programs to September 30, 1979. While these bills are captioned as merely authorizing continued funding, the operative section appears to mandate the continued assistance. The proposed section 215 states that "the Commission shall (1) continue such assistance [to child development programs] at the current level through September 30, 1979 . . ." (emphasis added).

As we show below, this bill conflicts with many existing provisions of the Appalachian Act and there is really no need for such legislation.

1. *Inconsistencies with the Appalachian program and specific provisions of the ARDA.*—Section 2 of the proposed bill would add a new section 215 to the ARDA. The language of the proposed section 215, however, would *mandate* continued funding by ARC of child development programs without regard to individual merit and financial support available from other State, local and Federal sources. This would operate to deny administrative discretion, presently existing under the ARDA, of the States, the ARC and various Federal officials to review and approve funding only for those projects which are meritorious on a programmatic basis and which are in conformance with the ARDA.

The proposed section 215 would conflict with the basic concept of the Appalachian Program; would be inconsistent with the Appalachian Development Planning process (by bypassing the requirement for consistency with local, State and regional plans and objectives); and would contradict the "demonstration concept" of the section 202 Child Development Program.

The proposed section 215 would conflict with a number of the provisions in the Act and would raise uncertainty and confusion. For example, under ARDA section 222 no State is required to engage in or accept any program under the ARDA to which it has not consented. Under ARDA section 303, which sets up the process for approval of projects, applications for grants or other assistance by ARC must be made through the State Member of the ARC who represents the applicant, and such State member must evaluate the application and must certify, among other standards, (i) that the project implements the Commission-approved State development plan, (ii) that it will be properly administered, operated and maintained, and (iii) that it otherwise meets the requirements for assistance under the ARDA. Section 215, however, would apparently require funding of these child development programs without regard to the requirement of State consent and without the safeguards of the planning process.

In addition, under ARDA section 303, the ARC's Federal Cochairman must make an independent determination that the proposed project meets the same standards, outlined above, which the State Member has represented as being fulfilled. There is, therefore, a two-step method of analysis here of the merits of individual projects, with the State and the Federal Cochairman both given administrative discretion to approve or disapprove individual projects. Apparently, however, applications for funding of child development programs under section 215 would be handled outside this system.

Moreover, under ARDA section 223 no program or project authorized under any section of the ARDA can be implemented until "the responsible Federal official" has determined that the project's applications and plans are not incompatible with provisions and objectives of Federal laws administered by that official which are not inconsistent with the ARDA.

ARDA section 223 also grants the Commission further discretion by the requirements that it determine that the project (i) meets applicable program development criteria under ARDA section 224, (ii) fulfills requirements of the development planning process under ARDA section 225; and (iii) will contribute to the development of the Appalachian Region.

Finally, under ARDA, section 202, the Secretary of HEW is also given certain discretionary power to make grants for demonstration projects, including child development projects, which he determines are not incompatible with Federal laws that he administers. Section 202(c) states further that no operation grants shall be made unless the Secretary is satisfied that the operation of the project will be conducted under efficient managing practices designed to obviate operating deficits. HEW is, thus, also accorded some discretion in two separate facets of assistance to child development projects.

Section 215 would, apparently, take cases of funding of child development projects outside these safeguards.

2. *Additional problems with adding a separate section for continued funding of projects authorized elsewhere in the act.*—H.R. 8374/S. 1984 propose to amend the ARDA by adding a new section, section 215. The present child development section, section 202, is left unchanged, as are other sections relating

to project approval and implementation. This raises substantial problems of conflict within the statute, the most important of which is the question of removing discretion, outlined above. If it is determined that the ARDA should be amended, the better way to do so is by amending the language of the existing section 202, to provide for discretionary extension of ARC funding to child development projects which are meritorious and which fulfill the purposes of the Appalachian Act and program. This eliminates substantial problems of drafting and statutory interpretation and leaves the authority for, and process of, funding child development projects in one section of the statute. If the section 202 language is amended, it should be written in such a way that it will not conflict with the other sections of the act which accord substantial discretion in selecting, funding and maintaining child development projects to the State, the ARC and Federal officials.

3. *Conflict with Appalachian Act and program philosophy.*—A reading of ARDA section 202 indicates that Congress did not intend that individual health projects, including child development projects, should receive ARC funding on more than a short-term basis. Rather, the program was intended to "demonstrate the value of adequate health facilities and services to the economic development of the region," and grants for operation of projects were strictly limited to 5 years. This approach is consonant with the general philosophy underlying the entire Appalachian program: that the Commission's aid is of a temporary nature designed to close the gap between the Region and the rest of the Nation. In the health and child development fields, the Appalachian Program seeks to introduce new concepts of delivery of health and child development services. The program provides 100 percent funding for an initial 2 years, then 3 more years of funding at 75 percent. From the beginning, however, it is recognized that ARDA assistance is not intended to be permanent and projects must be designed to become self-sufficient, at least in the sense of not requiring continuing assistance from the ARC. Projects must be capable of continuing with regular public aid available from general, sustaining Federal and State programs.

There really is no need for this legislation. In fact, recent studies show that the vast majority (approximately 90 percent in the 13-State Region) of child development projects which are no longer eligible for ARC funding have successfully obtained funding from non-ARC sources and have continued to operate. Even in Ohio, of five projects which went off ARC assistance last year, four have been able to continue operating at full levels with assistance from other quarters. It is, therefore, highly questionable whether the proposed ARDA amendment is necessary at all. As we show elsewhere, there are other options notably in HEW programs, to remedy the few problems in Ohio

Mr. ROE. Thank you, Governor Scott. Before we submit questions to Governor Scott, we will listen to the testimony of Mr. Schwartz.

Mr. SCHWARTZ. Mr. Chairman, I want to thank you and the committee members for affording me this opportunity to testify today on behalf of the State members of the Appalachian Regional Commission.

As some of you may know, I have recently been appointed by the Governors to the position of States' Washington Representative. On such short notice, it was not possible for any of our Governors to be here today, but their representatives, meeting in Washington earlier this week, specifically asked me to be here this morning to convey the States' point of view to this committee.

The Appalachian Governors have made known by both word and deed their strong support of child development. Our Governors have consistently elected to spend significant portions of their ARC nonhighway funds on child development, because they recognized the need and the relationship to economic development. This commitment has been continued despite the pressure of inflation and, on occasion, reduction in funds appropriated. Today, the Appalachian States currently are spending approximately 15 percent of their nonhighway funds on child development.

This decision by the Governors constitutes a strong affirmative commitment to this program. This is so despite the fact that child development projects must compete with countless other worthy projects in the areas of health care, water and sewer systems, industrial parks, vocational and other educational services. I am sure this committee understands the kind of commitment the Governors must have to child development, when they have set this priority in the face of all these other worthy pressing demands.

This committee has supported and fostered the Appalachian Regional Commission from its birth as a development and demonstration program. In its wisdom, this committee has seen a need to provide for the human as well as the hardware needs, and the Appalachian Governors have exercised the decisionmaking responsibilities you have given them in both the spirit and the letter of the congressional mandate.

Notwithstanding this, serious concern and reservation must be expressed with regard to proposed legislation which would earmark a percentage of appropriated funds to a specific program or project without consideration to the individual merit of that project, the need of the project or its place in the overall development priorities of the Commission and its State members. The Appalachian program has worked so well because this committee has structured the Commission in a way which assures a high level of commitment and a high level of decisionmaking in each State. We all know that ARC investments have resulted in a good return. One of the reasons for this is that Governors have been given responsibility to meet needs with a minimum of restriction. To constrain the capacity of the Governors to set priorities and make investment decisions is inconsistent with the entire thrust of the Appalachian program as a Federal-State partnership.

In 1975, this committee restructured the Commission with the objective of assuring increased gubernatorial participation in Commission business. The Governors have welcomed this responsibility. But, while we are for these projects and while we think these projects need help, if our approach every time we have a problem—we have limited demonstration projects—is to amend the act, to earmark a portion of funds to continue them, where will we stop, and where will the discretion for priority and decisionmaking with the Governors rest?

One of the first matters that the Governors took up following the 1975 amendments was the child development program. In reviewing the program, the Governors came to several conclusions. They concluded child development programs funded by the Commission needed to be of a high quality; they need to be innovative in scope, and they needed to become self-sufficient. And on the whole, these goals are being met. The Governors proposed at that time and the Commission has adopted in its code a 3-year limitation on Commission funding of child development, with a focus on self-sufficiency from the very beginning. But, recognizing the special circumstances which might occur, a waiver has been provided in the code to provide funding to the full statutory limitation when an individual program is of such merit and there is no other way and there are legitimate reasons for not meeting the self-sufficiency.

And I might add as an aside, at the time this was considered, I was an alternate attending that meeting, representing my Governor, the Governor of New York at that time, and I was the one who moved and proposed this waiver.

The Commission policy of program self-sufficiency was designed to assure survival of these programs beyond Commission funding. Nine out of ten child development programs that have exhausted the funding eligibility are operating today independently of Commission funds. We think that is a good record. The Commission's policy of insisting on developing firm State and local commitment from program inception has been successful. We are concerned that this legislation could undercut this program of self-sufficiency.

ARC is not only a record of success; it is a record of commitment. State expenditures on these projects rose from approximately $23,000 in 1970 to more than $2.5 million in 1976—to $13 million in 1976. Non-ARC Federal funds rose from zero in 1970 to more than $13 million in 1976. And I would submit that that is due in part—the $13 million of local funds and the $13 million of non-ARC Federal funds—to the advocacy of the Commission and its structure. Before consideration is given to changing the laws and the policies which have governed child development, and while we must help these programs, we must be sure at the same time that we do not unnecessarily tamper with a record that has brought such success.

The Appalachian program has been designed to provide seed money in a large number of program areas which relate to development, a major purpose of which is to provide leverage for the investment of other public and private dollars in the region. The single allocation concept which gives wide authority to set priorities and initiate programs to Governors is one of the primary reasons this program has been as successful as it is.

The Appalachian Governors have shown a commitment and sensitivity to the needs of child development. There does not appear to be justification to compel a specific investment in child development programs with the limited Appalachian dollars that are available. Many of the other investments that Governors might decide to make in lieu of child development programs accrue to the benefit of children. Better schools, permanent jobs and paychecks for fathers and mothers are just as important, and the decision as to the priority at any given time ought to be left to the Governors. They have shown the responsibility and they have made the right decisions in the past, and the Congress should reaffirm their confidence in the Governors.

I believe the solution to the particular problems we face today ought to be solved by cooperation between ARC and the Department of Health, Education, and Welfare. Every ARC child development project begins only after an HEW recommendation. We feel justified, therefore, in recommending that HEW view ARC projects that it is asked to fund, after ARC statutory authority has been exhausted, on a continuation basis rather than a new project basis; that the criteria for continuations and new projects are very different, and we think we would be even more successful than the 9 out of 10 that we have succeeded in doing today if we could win this final point. And we hope, with the support of the committee on such a premise, that we can work with HEW to have a case by case review of the projects which are having difficulty today, whose ARC authorization is expiring.

The Appalachian Governors support child development and share the view of this committee that help needs to be given now to keep these good programs going. We believe, however, this needs to be done within the framework of the original concept of ARC as an innovative, demonstration, seed money Federal-State partnership, which does the tough job of getting a project off the ground where other programs have failed; but then working with the regular Federal agencies to meet the on-going responsibility.

Thank you, Mr. Chairman.

Mr. ROE. Thank you, Mr. Schwartz. You and Governor Scott have called attention to an underlying situation that must be resolved. I remember back a couple of years ago when we were amending this legislation, we deliberately worked in the direction of extending greater flexibility to the individual States through their Governors, to be able to have a much better "home rule" that would permit them to get something done their own way rather than to have big brother tell them what they should or should not be doing.

The word you use in both testimonies is the word "flexibility," and then we are talking about local commitments and local flexibility. That is great if you have the money. We legislate a great many projects through the Public Works Committee—I guess, covering the entire gamut of people's needs—and we are kind of like the sleepers around here; you know, everybody else gets all the headlines, but this committee does the work. And that is self-serving, is it not, but it is nevertheless true. [Laughter.]

But, we also live under the knowledge that we, as your Representatives in Congress, write a bill and we know that we wrote it; at least, we think we know that we wrote it. But, a year and a half later after some bureaucracy gets hold of it, you cannot even compare the so-called guidelines for implementation, and requirements laid down by the agency with what Congress wrote or intended in the legislation. It seems to me what our problem is—and this is the battle we are fighting right now in the water pollution control bill conference, in the economic development legislation et cetera—is to allow the States to have the flexibility, which is the thrust of both of your testimony, to determine the needs in specific areas of their State and cut out 9 million volumes of redtape so you can make decisions and go ahead and do the project or program.

And that is why the ARC program has been successful, is the point you are making. Now we talk about the transition—and it has not been the goal of this committee to hobble the States; quite the converse, because actions speak louder than words—but, what do we do in a situation, because of an enormous amount of redtape where tens upon tens of millions of dollars from Ohio and other States are returned to the Federal Government while it is desperately needed in those respective States; how do you make the transition if one hand does not know what the other hand is doing.

So, really, what we are faced with is twofold here today, as I see it: One, which has been projected so eloquently by our good colleague

Doug Applegate and others here this morning, is that if do not act in some way and provide some funding under some methodology, these programs, for sure, are going to die. Now, therefore—my daddy always told me, half of nothing is nothing—we can wait for the next 20 years while trying to decide what HEW is going to do, or what they may or may not do but, in the meantime, we put the kids back out in the street.

So, it seems to me that does not make any sense, and it seems to me that if we have been waiting for a whole year now—which I am sure you can give better testimony to than I can—for a decision from HEW, and they have not done anything yet, whatever gives us the idea that they are going to do it in the next month. What about the other programs that are pending in the other States that will be phased out in 2 or 3 months; what is going to happen to those programs by June? What puts any of us here in the position to say that HEW is going to have a turnaround tomorrow morning?

So, it seems to me sometimes it is not necessarily what we think we have or what we think we are responsible for but what we can get done that is mose important. And I think somebody used the word "people"—I think you did, Governor Scott—that is what our program is about.

We are going to have a vote in a few minutes. Members here will go on the second call, and we will have to recess the hearing again.

So, as we are unfolding our thoughts, may I say that you have not created an adversary position, because you have said—

> Look, we want this to go; how can we achieve that goal in these efforts here today as it would relate to retaining the flexibility and the basic intent of what the Congress means in legislation and how quickly could we get the authorization through to get the money where it ought to be.

And maybe there is another method of doing that, and that is what we are going to try to pursue and discover today.

Are there any other questions?

Mr. HAMMERSCHMIDT. Mr. Chairman, I will have some questions, but I would rather wait until after we come back.

Mr. ROE. Why not recess now, so that we do not break continuity.

[Whereupon, a brief recess was taken.]

Mr. ROE. The hearings will reconvene. We were deferring to John Paul Hammerschmidt from Arkansas.

Mr. HAMMERSCHMIDT. Governor Scott and Mr. Schwartz, I want to thank you for your testimony. I think that we are all agreed that we want to find a solution to this problem. Not only do we want to find a solution, but we are seeking the best possible solution. I very much appreciate what both of you have said about not subverting the original intent of this legislation. Certainly the right of the Governors to make those decisions should be preserved. I think it is very important that we retain that.

I noticed, Governor Scott, that one of your suggestions was that where an ARC project is now the operator of a Head Start program, that they be considered eligible for assistance for non-Head-Start services that are provided to children who otherwise would be eligible for Head Start assistance.

Now, who would determine that eligibility? The Secretary of HEW; is that where that determination is made?

Governor SCOTT. Yes, sir.

Mr. Hammerschmidt. You have had some informal discussions with Secretary Califano, as I gather from your statment.

Governor Scott. Not directly with the Secretary, but with members of his staff.

Mr. Hammerschmidt. I notice the 1978 HEW approporiations bill is in conference. I think it is fairly well established they are going to receive an extra $150 million in their Head Start funds. And I wondered if in that area, if through some communication we might get some assurances from the Secretary, if that might not begin to affect a solution to this.

Governor Scott. That was our hope. We had hoped, really, to have an expression of the Secretary's opinion before we came over here today, but, thus far, we have not had that; we were hoping to get it in written form.

Mr. Hammerschmidt. Do you think a communication from this committee, or the chairman of the committee, coordinating with you, would be helpful at this point?

Governor Scott. Yes, sir, I feel that it would be; very much so.

Mr. Hammerschmidt. I noticed you mentioned that the non-Appalachian funds in this child's program had gone from zero to $13 million. Were those HEW funds for that period of time from zero in 1970 to $13 million in 1976 in non-ARC Federal funds; what type of funds were those?

Mr. Decker. By and large, they were title IVA and then title XX funds; title XX replaced title IV. That includes, however, some other sources of Federal funds, depending on the type of program. There are some small amounts of Public Health Service moneys, some Department of Agriculture funds, and so forth.

But, by and large, the Appalachian Act stressed that the States were to make use, in developing these programs, of all existing Federal sources as much as possible, and the act was specific as to using title XX. So, the vast majority of those funds are title XX, which provide support to local projects through contracts developed at the State level, with local projects.

Mr. Hammerschmidt. And those local funds that went from $23,000 to $13 million were probably the matching portions to the Federal funds; is that where those came from?

Mr. Decker. Generally, yes. They include, however, collections of fees for children otherwise not eligible for the Federal support program. They will include some private reimbursements from medical insurers, and so forth, where there is a health project involved.

But, by and large, those will include county funds given to projects, project donations, foundation support, in some cases; some revenue sharing funds, in some cases.

Mr. Hammerschmidt. What is your latest estimate with regard to the number of projects which appear to have to be terminated without further ARC financial support?

Governor Scott. Do you have a figure on that?

Mr. Decker. The figures we have show that from the period 1971 to 1977, there are 16 projects that had to close their doors and go totally out of business; that is of 183 projects that were funded during that period, or that terminated during that period.

That represents a rather small failure rate in the sense of projects going out of business. There are, however, approximately 27 projects during that period, up through 1977—which had to reduce service level after ARC funds were terminated for a project. There are many reasons for this; primarily, the reasons relate to the narrow provisions of other Federal sources, the more narrow eligibility requirements that had to be instituted in programs after our support was terminated.

From the periods up through 1978 and projected through 1979, there are approximately 23 projects which we expect will have to reduce their service level to some degree; some more than others. There are another dozen or so for which funds are very questionable at this time. Specific sources are being investigated, but there is no current commitment of other sources to the projects.

Mr. HAMMERSCHMIDT. Governor Scott, did I understand you to say that 90 percent of the child development projects which received ARC support had become self-sufficient. Would you expand upon this a moment, giving us some background as to average costs of the project, when self-sufficiency was attained, and whether other Federal funds are being used to operate these projects?

Governor SCOTT. I do not have the specific cost figures with me. I will be glad to get those and furnish them for the record.

When the program was set up, of course, it was hoped that these programs would run for 5 years, and during that period of time, the States and the local development districts would be able to find the other sources of funding. Well, the 5 years then became 3, with still, though, the intent that these programs would become self-sufficient.

And now, we are still faced with the problem to be self-sufficient. ARC, as I have indicated in my testimony, was not designed, nor do we want it to be a basic operating agency. So, the question would remain, all right, they have had a 1-, 2-year lease and now we are giving another; then does this guarantee—or it is proposed that there would be another 2 years; does this guarantee, then, at the end of 2 more years—that their basic problem would be resolved. I do not know whether it would be or not; it remains to be seen.

More specifically, again, I would have to get these figures on cost and provide them for the record.

Mr. HAMMERSCHMIDT. Fine. If you could give us figures on how they obtain self-sufficiency, and in what numbers over this 5-year time frame, it would be helpful to us. And there are a number of members and other witnesses, so I will defer any further questions.

Mr. ROE. If I may just expand a little bit, John, on your questioning. In the course of your testimony, you commented that one of the values of the Appalachia program was its innovative considerations to meet specific problems in specific areas that differ in the respective States, and that, purportedly, HEW had taken a look at those proposed programs during their early beginnings before the programs were approved by Appalachia. There was, therefore, some cross-fertilization, so as to speak, with the Commission and HEW in the first place.

And, apparently, when we look at the Ohio problem, as we understand it, a great deal of their program is viewed as categorical in aid rather than innovative. If, on one hand, HEW says to us, well, all right, we ought to be having more flexibility the Governors ought to have the right to make those decisions—which this committee acquiesced to, as you know, in earlier legislation—then the prerogative of what those programs would be, because of their innovative nature and specific problems in specific areas, was a determination to be made by the Appalachian Commission through their gubernatorial and citizens representation, with the acquiescence of HEW. If the program was approved and it was to move ahead and went to the first, second, and third year, then it was up to the States at that juncture to start to provide the funding for those programs that they thought were viable and should be kept going. Is that a pretty good chain of events of what really happened?

Governor Scott. I would not want to go so far as to say that that was applicable in every case; no.

Mr. Roe. Well, then I do not understand what the problems are.

Mr. Schwartz. Could I add just one point to that, and that is that beyond the acquiescence and the cross-fertilization and the discussion, HEW administers these programs. We give the money to them. They monitor, and they are involved all through the operation. It is not just in the first year that we go and we show them this and they acquiesce; their involvement is beyond that.

Mr. Roe. All right. So, therefore, they are ongoing programs that they have approved; albeit the point of view that they may be innovative, for example, to meet specific needs.

The reason I am raising the question is because, from what we have been able to ascertain of the $150 million supposedly added funding, 85 percent will be for existing programs and 15 percent of that money will go to salaries. So, it does not appear to use that there will be too much flexibility in Califano's operation to provide the funding that is needed anyway.

Mr. Hammerschmidt. Would the gentleman yield?

Mr. Roe. Sure.

Mr. Hammerschmidt. I meant to ask that question. I do not know whether any of us in this room know, but I am assuming that that $150 million was pretty well earmarked. But, has this subject ever been before that committee on the need for these funds, before the Appropriations Committee? Have they considered this problem at all in their hearings?

Mr. Johnson. Not that we are really aware of. I do know that Senator Glenn was deeply interested in this subject and, I think, probably was instrumental in helping to get that appropriation, and whether it was with this in mind, I am not sure.

We have been in contact with the staff people of HEW who are working out the mechanics and procedures for allocating those funds. I am sure it is cast in stone; that it is all going for existing projects. That is one consideration, and certainly, that is their first priority. But, we have made them aware of the needs of these projects and they are looking for a way to address this specific need.

One of the program directors in the Atlanta office has the national responsibility for working out the procedures. I am hoping that we will have some more definitive feedback from him soon.

Mr. Hammerschmidt. What type of money are we talking about; $7 or $8 million?

Mr. JOHNSON. Oh, no. I think our estimates are—Bob, correct me—that we could probably help these programs for an amount of about $2 million, and that is across the region; that is not just in one State.

Mr. ROE. Can you hold on that point. I think what John Paul is leading up to, and I am thinking too is that maybe there is an administrative solution. We have been battling out the HEW situation, as you know. We have communicated in depth, at the behest of Doug Applegate, directly with the Secretary, and specifically on this issue. So, this is not something we are going to start with; we have already done that.

The communique has already been dispatched; I meant to tell you, we are waiting for a response.

The second point, I think, to take into consideration is that we are right in the middle of the Water Pollution Control Act conference at this juncture. Hopefully, we may be able to conclude this legislative proposal before the Congress recesses sometime in the early part of November. There are sections of that bill, as our colleagues know, which relate to Appalachia—vis-a-vis providing funding and more flexibility—a set-aside, literally—for water and sewer programing in the smaller communities, and so forth, as in your particular Appalachia program, which would add additional flexibility to the States together with local determination of projects up to $2 million that the States themselves could approve.

So, there is flexibility that is emerging in other programs. As soon as we can get through that conference, there is going to be greater flexibility for the Governors of the respective States.

Also, I think it is important to call to your attention that under the Public Works Employment Act Title II, we provided added countercyclical aid money to all of the States based upon their levels of unemployment, and the prerogative of where the States use the countercyclical aid money is directly up to the Governor of those respective States. That money has been funded and approved to the third quarter of next year.

So, there is flexibility. There might be a question of cross-fertilization again, of knowledge of what may be available, because in all due candor—I have to say this because I think it is the right thing to say—if the committee does nothing, then it would seem to me that your programs are going to die, unless you use some imagination in utilizing these other Federal funds that are going to become available. If we are talking about $3 million—and not that this amount is not a great deal of money, but in comparative relationships to the number of States involved it is not—those Governors would have that flexibility to be able to make those decisions if they chose to keep these programs going. I think that is the thrust of your testimony.

Now, on the other hand, your authority would be running out of funds under the 5-year Appalachian child development program. Should you have the flexibility of using Appalachia money, replacement money, versus the point of view of other sources of funding available to the Governors, such as countercyclical aid money, that could be directed here in small proportionate shares while we are trying to work out something with HEW. Does that sound reasonable?

Governor SCOTT. Yes, sir.

Mr. **Roe**. But the question is: Should we be doing something to extend the program while this period of flexibility is going on; should we do something to extend this legislation to achieve that goal?

Governor **Scott**. Mr. Chairman, my comment on that point would be that if the committee determines that the amendment of the act—some amendment must be made, that the language not be one which would, in effect, mandate that the program be continued at current levels, but that the program be allowed to operate with the present flexibility that it now has; a simple extension of the time, operating as they do now, rather than mandating anything. The flexibility is built in the way we operate now.

And if it is deemed necessary by the committee to extend the time frame——

Mr. **Roe**. The authorization of the time frame is what you are saying.

Governor **Scott**. Yes.

Mr. **Roe**. In other words, you are limited now to the 5 years under the law?

Governor **Scott**. That is correct.

Mr. **Roe**. And what you are suggesting, at least as I understand your testimony, is that in view of the transition period we are faced with, without destroying the flexibility of determination by the respective Governors in the Commission as to whether a program should be continued or not, if the authorization were extended to permit you to continue your program, if you so chose, we would begin to balance this programing out, and then the responsibility would fall back upon the Commission and the individual Governors, if they want to carry the program on further?

Governor **Scott**. That is correct.

Mr. **Hammerschmidt**. Would the chairman yield?

Mr. **Roe**. Sure.

Mr. **Hammerschmidt**. I wonder if you could provide us with some suggested language so that we could take a look at it.

Governor **Scott**. Well, I think that the language might be a very simple changing of the figure from five to whatever the committee determines.

Mr. **Hammerschmidt**. If you would take a look at the act, we would appreciate a suggestion by you.

Governor **Scott**. All right.

Mr. **Roe**. Are there any other questions? Mr. Oberstar?

Mr. **Oberstar**. Thank you, Mr. Chairman. We are operating, I think, at a bit of a handicap here, not having heard any of the substance of this program. I hope when we come to later witnesses, they will tell us just exactly what is happening with these funds and how they are being used, and what the effect of the programs is on the people being served. I think that really helps us to better understand what we are doing. We have been talking about programmmatic and technical details that are in kind of a disembodied program.

In 1975, the Appalachian Regional Commission made a number of recommendations about their health and child development programs. I am just curious as to what has happened since then. For instance, the ARC recommended that each State, on the basis of its approved plan, develop a current-needs assessment, and revise, if appropriate, the statement of priorities for child development services.

Has that been done?

Governor SCOTT. Since I have only been Federal cochairman for 4 months, I will ask a member of my staff if he will respond to that. Steve?

Mr. JOHNSON. Each year, the State does submit a revised plan and statement of its priorities, both in highway and the nonhighway program; in the health program and in the child development programs. Yes, sir, it is an annual process.

Mr. OBERSTAR. You have an assessment for each State? Could you supply that to the committee to review?

Mr. JOHNSON. It will vary in completeness from State to State; there is a process that the State goes through. Yes; we can provide it.

Mr. OBERSTAR. Another recommendation was that the Commission continue its emphasis on a comprehensive and interdisciplinary approach to child development planning and program development.

Mr. JOHNSON. That has been done through encouraging a new round of planning grants to States. Not all States have submitted applications for those planning grants.

Mr. OBERSTAR. What does "interdisciplinary approach" mean?

Mr. JOHNSON. A comprehensive child development program embraces several fields of service—health care, educational services, social services, nutrition is identified as a separate area, not really incorporated in health care—a variety of other human service programs are wedded in here—educational programs for parents, bringing them into centers and exposing them to the elements of child care—all of this is involved. It requires different disciplines to work together in a coordinated effort.

Mr. OBERSTAR. All right, the report recommends that the Commission set high priority for provision of basic preventive services to high-risk populations, particularly in health and nutrition. What's been your track record on that recommendation?

Mr. JOHNSON. We are just beginning to focus on those issues in the health program. The health program initially was primarily a construction program, heavy emphasis on building hospitals, clinics, the physical plant that was needed. Appalachia was——

Mr. OBERSTAR. Two years ago both the Commission and an outside study recommended that the Commission de-emphasize bricks and mortar and put its funds into the software.

Mr. JOHNSON. That is correct. Software—not so much software as really addressing more fundamental problems of preventive health problems, greater emphasis on nutrition, greater emphasis on cleaning up contaminated water supply, greater emphasis on poor housing. We find that as you identify the cause of many diseases in Appalachia, they point to inadequate housing and inadequate water.

Mr. OBERSTAR. Another recommendation was that the Commission place priority on improvement of State child development program management to State level monitoring for program quality and effectiveness.

Can you describe what steps have been taken, particularly with respect to Ohio? We seem to have a problem there.

Mr. JOHNSON. Yes. Over a year ago we conducted a study in concert with the Urban Institute, developing a completely new application system and a program monitoring system. That system is currently being installed at the request of individual States. It is not mandatory on the States; as they elect to participate. Ohio was one of the earlier States to in fact—they were really part of the pilot, along with Tennessee. Other States now are being brought into the system. It really hasn't been operational long enough to measure impact, but the design of it is to give program managers, those who advise the Governor, better understanding of what the program is accomplishing.

Mr. OBERSTAR. And you expect to see this operational in all the States in the near future?

Mr. JOHNSON. I think we are up to about nine States that are bringing the system in.

Mr. OBERSTAR. Now, the problem in Ohio seems to be that they are not able to use HEW title XX funds because of redtape. Whose redtape—State or Federal?

Mr. JOHNSON. I am going to ask Bob to respond to that. [Laughter.]

Mr. DECKER. My considered judgment on that would be that it is primarily States in the sense that the legislation designing title XX, to replace title IV–A, very clearly left a great deal of responsibility and flexibility to the States in designing a planning system that was to reflect local needs and was to lead to overall allocations of funds to major problems identified in that planning process. And in developing programs under title XX the States clearly had far more flexibility than ever before to specify what eligibility limits, for example, would be included in there. Unlike the previous limitations of the title IV–A program which immediately preceded it, there were not required narrow limitations to actual welfare recipients. There was a limited requirement, and beyond that the States were able to plan for title XX services to serve people all the way up to 115 percent of the State median income with a fee collection system. It is very complicated how all that works out.

But the fact is—and I think from studies now under way that HEW is doing in evaluating title XX, they will show that a lot of the flexibility of the act has not shown up locally.

Mr. OBERSTAR. Is that the fault of the State planning process? Is it overly complex?

Mr. DECKER. Yes; I think so.

Mr. OBERSTAR. How much money has been lost as a result of the redtape problem that you describe?

Mr. DECKER. Well, it is impossible to estimate how much would be lost to the region, because all those data are for entire States and we are dealing with portions of States. I could attempt to estimate what those figures would be for you, but I couldn't give it to you off the top of my head. I do know that in Ohio approximately $66 million of the potential program was not implemented in 1976. I don't have any figures for 1977—and that represents about I think about 40 percent of Ohio's total title XX allocation.

The only other State that was severely underspending at that time was the State of Mississippi, and the State government has taken some moves to open that up more—and I know that in Mississippi over the past year or so, some increased title XX contracts have been written with service provided in Appalachia.

Mr. Oberstar. Well, it would be helpful to know how much title XX money the Appalachia counties are eligible for on a State-by-State basis, how much has been lost because of these redtape problems—so we can make a judgment of whether the committee is being asked to substitute ARC funds for Federal funds from another source for which this area is already eligible.

Mr. Decker. Insofar as we can provide that, we shall. I know that in some States they do not even maintain the title XX data by county in terms of funds outlaid. However, they will have, I think, apportionment of funds on the basis of population that would give some kind of figure there. It would be difficult to say what the actual expenditures of title XX are. If you look at the OMB report—we have been attempting as a staff project to look at outlays of many types of Federal resources in the Appalachian region versus non-Appalachia—even the OMB data do not report a lot of those by county or they assume that the funds are apportioned by county—and title XX happens to be one that they assumed was apportioned by county. It is difficult to tell.

Mr. Oberstar. I want to make it clear that I strongly support the child development programs, I strongly support title XX. We had one dickens of a battle over it last year here in the House. It has worked very well in my State and my district, and I have regular meetings with the child care and day care and other child development services folks in my part of the country.

So, if you have got a problem with the Feds, as the chairman says—by golly, you send a letter, and I will join with him and we will help straighten out the Federal redtape. As for the State redtape—they better clean up their act. Then if you need more money for very useful programs, we will support it. But it seems, on the surface anyway, to be a bailout for a problem that is not of Federal making.

Mr. Roe. Will the gentleman yield on that?

Mr. Oberstar. I yield to the chairman; in fact, I have used up my time.

Mr. Roe. There is a great deal of silence. [Laughter.]

Building upon what Mr. Oberstar said, let me ask this question: We authorized under our legislation 5 years, in effect, for the demonstration program with a graduated situation whereby it transfers from Appalachia's financing over a period of time eventually to communities or counties and/or the State, whatever the case may be. So the knowledge of the 5-year authorization is there to begin with—it's part of the law.

The question I would like to ask, only because I don't know, what flexibility you have on the use of nonhighway funds. Who makes the determination of what proportionate share would go for child health care in a particular State? Is it allocated by formula? For example, does Ohio get a specific allocation for their child development programs, or Mississippi?

Mr. Johnson. No; the nonhighway funds are now distributed in a single allocation.

Mr. Roe. To a respective State?

Mr. Johnson. To a respective State.

Mr. Roe. So, therefore, the State makes that judgment?

Mr. Johnson. That is correct.

Mr. **Roe**. All right, so they are well alerted to the fact that there is a certain amount of demonstration programs that are agreed to by the Commission with the support of HEW, programed in and managed, as was pointed out by Mr. Schwartz, in effect by HEW at that point, so we are not coming through with something that is brand new that HEW doesn't know about.

Mr. **Johnson**. Which I think helps explain in part the variation of the problem among States, severe in some States.

Mr. **Roe**. Let's assume they have x number of dollors. Is it allocated as child health care money per se or is it allocated for a broad range of programing?

Mr. **Johnson**. It is a State allocation.

Mr. **Roe**. All right. So therefore—to get back to the original point—I would assume that the State when it is receiving that allocation would say, well, we have sources of funding other Federal assistance programs for water development, sewer development, and so forth; so we can make our judgment as to where we think that we could best use our Appalachia money to meet a particular need in a composite program.

Mr. **Johnson**. That's correct.

Mr. **Roe**. So obviously Ohio and Mississippi and every other State in Appalachia is aware, I would think, of that particular ground rule.

Now, what we are really saying here—and we seem to be coming down hard on Ohio, I don't mean to do that—for some reason, something has apparently broken down between Ohio and the Federal Government on title XX money and/or Appalachia money. Is that too harsh to say, or am I walking on very thin ice—probably a little bit of both. [Laughter.]

All right, the Chair will defer to Mr. Applegate; it seems it's your State. [Laughter.]

Mr. **Applegate**. You just broke the ice. I would like to go ahead and say something, go ahead and introduce the panel and they could come up, so if anybody else has anything——

Mr. **Roe**. I just want to see if there are any other questions. The panel is going to, as Mr. Oberstar said—and I am sure he said it with the greatest of love and affection—present to us the desperate need.

Mr. **Applegate**. The hard facts.

Mr. **Roe**. That's what I mean, the hard facts as to the program quality to assist us in our efforts to figure a method to support their program and at the same time, while we have both the chairman and the State representatives of the Appalachian Regional Development Commission in attendance, permit an exchange of views with the administrators. Do you have any questions or anything particular you want to ask?

Mr. **Applegate**. Well, none real specifically, I guess, except that they were talking—and, of course, we are all looking at self-sufficiency—90 percent or 9 out of 10 it was pointed have become self-sufficient, that was mentioned. Of course, each State is different—and I don't know if these figures are accurate. I see nods and shakes of heads and raised eyebrows, so I know there are a lot of people that are anxious to jump into the tank and offer some answers to that.

But how do you do that—I mean, how has this come about, where there is so much self-sufficiency, as you proclaim, without having a proper study that is made? I mean, how has this been achieved?

As I understand, some of the achievement may have been through a depletion or reduction of some of the very needed programs and services.

Governor **Scott**. In some cases that is true, but on the whole the way this has come about is good hard work on three levels—by local people, by State people, by the Commission staff, by HEW, and almost on an individual basis, working from the very beginning, to phase the thing into other areas. By the phrase "self-sufficiency" we mean self-sufficient of Appalachian funds; it does not mean that it is self-sufficient of Federal funds or State funds, or even public local funds.

Mr. **Applegate**. How much assistance has been given to, say, Ohio to help them become self-sufficient.

Governor **Scott**. I call on Mr. Decker, our child development director.

Mr. **Decker**. Well, at the district level there is about a quarter of a million dollars in grant planning funds that are going to the planning districts in Appalachia to plan those programs locally. And Ohio chose, as its initial planning mechanism, that the districts have the responsibility for planning the program, more so than in some other States. Some other States have an interagency committee at the State level connected with the Governor's office that has some oversight responsibilities over the program more than in Ohio. That has been primarily the major or technical assistance to projects under those districts in Ohio. There is one staff person at the Commission, and one staff person in the Chicago V regional office who has responsibility for assisting Ohio as much as possible. The person at the Commission level shares that responsibility with other States, since our staff has tended to be very small. The Chicago staff is primarily concerned about grants management matter, more so in the Chicago regional office than in Atlanta where there are some program people who do a lot more hands-on work with projects that they are administering.

Mr. **Applegate**. OK. Mr. Chairman, I would just like to defer any other comments or questions to the panel, because I think that they are pretty well prepared to answer a lot of the questions of concern that have been brought up, and I think it would be very beneficial to the committee.

Mr. **Roe**. Ms. Lloyd?

Ms. **Lloyd**. Thank you very much, Mr. Chairman. Really I have some conflicting information here I would sort of like to clear up. Now, Tennessee is not out of money, we have 2 more years, we weren't as advanced in our programing, we didn't get started in a child development program as soon as Ohio did. But I have observed our regional program and the good work that has been done. I think it is so gratifying to see some innovative work in child care and development.

I think if you really look at what we have done that you will see that this hasn't been an expensive program on the Federal Government. Certainly it is refreshing to see a program that has worked without so much redtape. The director of my regional child development program stated that there is no other funding source available to provide child development services to a rural community. For example, she says that title XX funds do not cover the services for infant handicapped children because, although it has been designated a model program, it does not and it cannot meet title XX guidelines.

And, Governor Scott, in your testimony you said that there was no need for this legislation because the projects were eligible for other non-ARC funding. Now, are they or is my director misinformed?

Mr. DECKER. I would strongly suggest that they get in touch with the Bureau for the Education of the Handicapped and with the Public Health Service, with the National Institutes of Health.

Ms. LLOYD. A rural area has never been funded in this area. Our rural communities are not funded through these programs. Now, you can go to your metropolitan areas, but you will not find the funding that has been available through ARC for your rural child development programs.

Mr. DECKER. What I can suggest is that we raise that with the Secretary, that it is not going to rural areas.

Ms. LLOYD. What is going to happen in the meantime? Would not this legislation be the gap that would carry us over till we see that these programs are carried out? I mean, training infants with their handicaps—I don't think these programs should stop.

Mr. DECKER. I agree.

Governor SCOTT. I am not aware of whether they are or are not eligible; if you say they are not, they are not—I wasn't aware of that.

Ms. LLOYD. Well, the work that we are doing—as I said, we are not out of money, we are not faced with this problem; but let's look and see what we are doing here now. Are we in fact going to abolish some of these programs, such as the program for infant handicapped children—and say all the money is out there, but can they get this money? In our rural areas there is no evidence that they would get this money.

Mr. ROE. Would the gentlelady yield on that point? That is the point that I am trying to develop here. It is an observation that the purpose and the uniqueness testified to both by the Governor and Mr. Schwartz is that the flexibility in the Appalachia program provides innovative approaches without being in categorical assistance types of red tape. They say that's true. And I would assume on that basis when we are talking about innovative programing that the whole fundamental underlying purpose of the Appalachia program was to devise a system, with flexibility, into a region of the country where they could begin, based on local determination, to decide what direction they thought was best for their needs to go, and then ultimately be programed into HEW funding and so forth.

So, in effect, exactly what you are saying contravenes what my understanding is. In other words, are we saying that there is a limitation on ARC itself in providing innovative child development programs for rural areas. That is what Mr. Oberstar was directing his attention to—and that is the question you are asking.

So can we rephrase that to the panel. In other words, it was our committee's understanding that we provided ARC with the broad flexibility to determine through their organizational structure whether and where a health program could be established, particularly in the rural areas? Is that correct or incorrect, that interpretation.

Governor SCOTT. That would be my interpretation.

Mr. **Roe.** Mrs. Lloyd is coming back and saying, however, from report from her State, Tennessee, that her people seem to indicate that there has not been that much flexibility for child program determination in the rural areas, is that what you are saying?

Mrs. **Lloyd.** That is exactly the point I was trying to make. I don't want us to stop some of these fine programs. Now, when we can see that through title XX funding that we can keep on doing what we are doing. I don't think anybody in this room would object to the programs.

But I think the proof rests with those that are objecting to this, to say, now, look, we can take care of this in other areas. And I don't think this has been done, Mr. Chairman.

Thank you.

Governor **Scott.** Mr. Chairman, I might just say to you and Mrs. Lloyd, that this is the first time this question has been raised with me, and we certainly want to look into that.

Mr. **Roe.** Well, this is a very important question, and if you could give us a writing to that effect, it would be very helpful.

Governor **Scott.** I would just ask the staff—they were not aware of this. And we want to look into that. It could be a problem of their playing a game of grantsmanship—I don't know.

Mr. **Roe.** I don't want to take the time of the other members, but if I am following what we are saying here, it is my understanding that the flexibility—and my State is not involved in Appalachia—yet——

[Laughter.]

I am gaining the advantage of learning a little something here, too. But it was my understanding that the purpose of putting Appalachia together was to direct the local resources in State and Federal health, methodologies in child health care, water and sewer, economic development, and extra money coming into the highway program, et cetera, to be able to provide a kind of bootstrap operation—let's see if we can put it together and make it work. The question now being asked is—is this being provided for all the citizens in the area, or are we hung up on the SMSA district of eligibility with HUD—hear me out a minute now. This is what happened in our public works bill. Would you believe that there we had a $6 billion piece of legislation and after the administration ran all of the formulas through, would you believe that the townships were left out of the formula? We couldn't believe that because in my State alone having 7.5-million people, of the 567 communities, 267 townships; therefore, townships of 70,000, 80,000, 90,000, 120,000 people were not eligible to receive a grant under the first go-around, until we corrected it, because they related to a city, quote, unquote, naming the city in the statistical method of determining eligibility.

So we are coming back and saying that the hamlet of Smoke Rise, Tenn.—we have a Smoke Rise in New Jersey, so I can say that—is not eligible because they are not statistically counted and therefore ARC does not pay attention, HEW does not pay attention—and we have a little different problem than what we thought in the first place, at least from my observation—if I am right or wrong, I don't know.

Governor Scott. I want to assure the chairman and members of the committee, we are not hung up on this—and that problem you mentioned, we ran into that immediately after it happened, and hear it constantly about the communities not being included.

We are not bothered by that, and——

Mr. Roe. Well, could the committee get a report, Governor, that would suggest that from the Commission's administrative point of view and from their programmatic point of view, that all citizens in all communities and hamlets and villages are eligible to participate and the determination of the respective Governors as represented on that committee. I think we ought to have a document to that degree. And I think that is what Mrs. Lloyd is talking about.

Any other members of the committee wish to ask any questions?

We want to thank you for your presentation; it has been most helpful.

[Submissions for the record received from Governor Scott follow:]

THE APPALACHIAN REGIONAL COMMISSION
1666 CONNECTICUT AVENUE
WASHINGTON, D.C. 20235

OFFICE OF
FEDERAL COCHAIRMAN

DEC 8 1977

Honorable Robert Roe
Chairman, Subcommittee on
Economic Development
Committee on Public Works
and Transportation
House of Representatives
Washington, D. C. 20515

Dear Mr. Chairman:

During the course of my appearance before your Subcommittee's hearings on H.R. 8777, a bill to amend the Appalachian Regional Development Act, several questions were propounded to me and my staff which required further information for the Subcommittee's future deliberation.

Enclosed are the responses to the questions posed to us during the hearings together with several appendices, which provide additional information pertinent to the Subcommittee's questions.

I hope this information will be useful. Please let me know if we can be of further assistance.

Sincerely,

Bob Scott

ROBERT W. SCOTT
Federal Cochairman

6 enclosures;

1. Response to questions
2. Appendix A - Number of ARC Child Development projects terminated
3. Appendix B - Cost analysis and management assessment
4. Appendix C - ARC State Abstracts
5. Appendix D - Title XX Funds
6. Technical notes

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Response to Questions Raised by House Public Works Committee on H.R. 8777

I. Congressman Hammerschmidt's questions.

1. How many projects have become self-sufficient?

As of the end of FY 1977, a total of 183 child development projects have been terminated from ARC support. The Commission staff surveyed these projects for information on their status after termination. Between FY 1971 and FY 1978, 16 of the 183 operating (non-planning) projects or 8.7 percent, closed operations entirely because of lack of continuation funds. Appendix A lists each State and enumerates the level of continuation for the remaining 167 projects. The staff's survey indicates 86 or 46.9 percent of the 183 projects continued to operate at the same level; 26 or 14.2 percent reduced their services and 3 or 1.6 percent expanded their services.

Nineteen or 10.3 percent of the projects ended for reasons other than inability to secure alternate sources of funding. The primary reason for terminating these projects was uncorrectable management problems or an unworkable project design.

2. What other sources of federal funds are being used in these projects?

The following is a list of the sources of funds that have been used to continue projects initiated with ARC support:

1. Title XX - Through contracts with Welfare agencies,
2. Title IV-B - Social Security Act - for placement of protective cases,
3. Mental Health/Mental Retardation funds for handicapped children in centers,
4. Revenue Sharing - may be matched with Title XX,
5. United States Department of Agriculture (USDA) - for food assistance,
6. Comprehensive Employment Training Act (CETA) - positions to alleviate personnel costs,
7. Bureau of Education for the Handicapped (BEH) - funds through purchase of service arrangements with school systems,
8. Work Incentive Program (WIN) - child care assistance,
9. Developmental Disabilities - funds through school systems,
10. State appropriations to assist with Title XX match or to supplement fees,
11. Local public and private sources (Untied Fund, fees from agencies), and

12. P.L. 94-401 amendments to Title XX, 100 percent day care assistance through Welfare agencies.

3. What is the average cost of those projects that have become self-sufficient?

The Appalachian Regional Commission does not routinely receive follow-up information on projects that have been terminated from ARC support. Therefore, it is difficult to assess the average cost of self-sufficient projects after ARC funds cease.

ARC has funded over twenty different types of child development projects. They range from maternal and child health to comprehensive day care centers. Because of the varying types of child development programs funded by the Commission, the staff does not believe it would be valid to compare projects to obtain an average cost per project. However, in 1973 the Commission contracted with ABT Associates for a cost analysis study of 5 comprehensive day care centers funded by the ARC. Appendix B, is an overview of this study. The average cost per child for comprehensive day care services in these five projects was $2,175 compared to the $2,500 national average. A copy of the complete study is on file at the Commission and is available upon request.

4. When was self-sufficiency obtained?

The date of self-sufficiency varies among projects. For example, some projects were terminated from ARC support after the second year of operation, thus becoming self-sufficient in a two year period. In the State of Pennsylvania, ARC initiated projects receive ARC funds by State established criteria for a maximum of three years. In Virginia, the State has elected to reduce the amount of ARC funding each year the project is in operation and provides ARC assistance for the least number of years possible. No operational projects in Virginia, have been funded for a full five year period.

II. Congressman Oberstar's questions

1. Do you have an assessment for each State? If so, could you supply that to the Committee for review?

Yes, we have an assessment for each State. In accordance with the ARDA, Section 225, each member State must annually submit a development plan for the area of its State within the Appalachian Region. This plan details the goals, objectives and priorities for that region and identifies the needs on which the goals, objectives, and priorities are based. The plan further outlines the development program for achieving the goals, including funding sources and recommendations for specific projects to receive assistance.

Included in Appendix C are copies of State Plans for Child Development for the States of New York and Alabama. Also included in Appendix C is a copy of the Abstracts (staff reviews of each State's complete development plan). Should you wish copies of the remaining eleven State Plans for child development we would be happy to supply them.

2. How much Title XX money are Appalachian counties eligible for? How much Title XX money do the Appalachian counties return?

The Commission staff has attempted to determine how much Title XX money each of the Appalachian counties receives. Upon analyzing each of the Title XX State Plans, Commission staff found that the DHEW does not retain Title XX expenditure reports on a county by county basis for States. Therefore, Commission staff has requested from the Appalachian States of Ohio and Mississippi expenditure reports on a county by county basis since these two States appear to have critical problems in continuing their programs. In the meantime, Commission staff has done some preliminary studies of Title XX funds allocated on a State by State basis. For FY 1976, the Appalachian States were alloted $925,000,000. Actual expenditure for these States was 76.6% or $708,550,000. For the same time period, the non-Appalachian States were alloted $1,633,500,000 and spent 84.2% or approximately $1,374,000,000 of their allotment. (See Appendix D) The percentage of allotment expended for FY 1977 will not be available until February 1978. For FY 1978, according to DHEW (MS. Lynn Wolfe) the following States are not expected to spent their total Title XX allotment: Mississippi, Tennessee, and Arizona. (See Appendix D)

Commission staff in its preliminary discussion with DHEW, Planning and Evaluation Division, ascertained that no uniform reporting forms are used for development of State Title XX Plans. Therefore, each State has devised its own strategy. For example, in the Appalachian States of West Virginia, Tennessee, Pennsylvania, South Carolina, and Kentucky the State Title XX Plan is developed on a regional basis rather than a county by county basis.

The Planning and Evaluation Division of the DHEW, also has ascertained that States vary in reimbursement levels for the various services provided as well as eligibility standards by category of individual or service.

Enclosed is a copy of Technical Notes, Summaries and Characteristics of States' Title XX Social Services Plans for Fiscal Year 1977. (See Appendix E) Commission staff has attempted to analyze the data on this document and has concluded that States vary in their eligibility for Social Services, the number of services available, and target groups served.

The Commission staff understands that Urban Institute (local consulting firm which has done numerous studies on human services) is preparing a paper on Title XX funding with respect to urban and rural areas. A copy of this paper has been requested by the Commission staff in hopes it will give staff more insight into problems the rural areas are experiencing with Title XX funds.

The Congressional Budget Office has prepared a paper entitled Troubled Local Economics and Distribution of Federal Dollars which views how and where federal dollars are being spent. In summation, this document concludes that on a per captia basis, federal expenditures are greater in low-growth counties than in growing counties. However, the study concludes that when the alternative measure of need is used, the low income counties appear to be less well targeted. High-income counties receive more federal funds per capita than low-income counties.

Honorable Robert Roe
Chairman, Subcommittee on
  Economic Development
Committee on Public Works
  and Transportation
House of Representatives
Washington, D. C. 20515

ATTENTION: Ann Howard

Dear Mr. Chairman:

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Sincerely,

ROBERT W. SCOTT
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Governor Scott's Response to Eligibility Question posed by Congresswoman Lloyd and Congressman Roe.

During recent testimony before the Subcommittee on Economic Development I was asked to furnish a statement relating to the eligibility of all those within the Appalachian Region to participate in the Commission's programs. I believe it is imperative that the question of eligibility be viewed in the context of my testimony and subsequent questioning by Committee members.

As you may recall, my original comments stressed the flexibility of ARC Child Development funding and its ability to provide comprehensive programs while allowing latitude in how these funds were used to achieve the total program. As I stated in my testimony it is this flexibility that makes the ARC Child Development program unique.

This unique character of the program was first questioned during examination by Congresswoman Lloyd who stated that in her State (Tennessee) the rural areas are not receiving the same level of child development funds as the urban areas. This statement in turn lead to a number of eligibility concerns culminating with the request for an eligibility statement from the Commission.

In responding to this request, a number of salient points must be considered. First, in referring to the lack of funding in rural areas, Congresswoman Lloyd was specifically referring to DHEW funds (i.e., Developmental Disabilities, Bureau for the Education of the Handicapped, Title XX, etc.) not ARC funds. ARC child development staff discussed this point with Dr. Millie Moore, Director of the Tennessee Office of Child Development and with Mr. Mike King, Press Assistant to Congresswoman Lloyd. Dr. Moore has informed ARC Child Development staff that she and Congresswoman Lloyd have recently initiated discussions with both the regional and central DHEW offices to work toward a resolution of the rural funding problems in Tennessee. According to Dr. Moore, ARC funds are most flexible and do indeed reach the rural areas in Tennessee.

Secondly, it should be noted that Section 403 of the Appalachian Regional Development Act, as amended, lists the 397 counties that comprise the "Appalachian Region" specifically "including any political subdivision located within such area." The Child Development Program itself has reached 377 of the 397 Appalachian Counties, and annually serves over 200,000 children. All 397 counties are eligibile for funding consideration and through the State Planning process actual funding decisions are made. Section 107-3(b) of the Act helps insure eligibility by providing for, encouraging, and assisting in "public participation in the development, revision and implementation of all plans and programs under this Act by the Commission, any State or local development district." Clearly all counties within the Appalachian region cannot receive program operation funds in a given year, however, funding determinations are made within the State based on each State's priorities, needs, and development goals and objectives.

It is my hope that this statement will help provide the Committee with the information it needs to supplement my testimony. I will be most happy to provide any further information the Committee deems necessary to complete their report.

Appendix

Appendix A	-	ARC Project Terminations
Appendix B	-	Overview of ABT Study, A Cost Analysis and Management Assessment of Five Child Development Centers That Receive Appalachian Regional Commission Financial Support
Appendix C	-	Abstracts of FY 1977 Appalachian State Plans New York State Plan, FY 1977 Alabama State Plan, FY 1977
Appendix D	-	Title XX Funds Allocated and Expended to Appalachian and Non-Appalachian States for Fiscal Years 1976, 1977, and 1978
Appendix E	-	Technical Notes, Summaries and Characteristics of States' Title XX Social Services Plans for Fiscal Year 1977

Appendix A

NUMBERS OF ARC CHILD DEVELOPMENT PROJECTS TERMINATED BY FISCAL YEAR OF END DATE BY STATE

Fiscal Years 1971 - 1977

State	FY	SL	EG	E	F	I	AD	FD	STC	Total	Comments
ALA.	1971									0	For projects terminating in FY-77, the applicant has been advised by the state legislature that no state funds will be available after current year of program operation.
	1972									0	
	1973									0	
	1974	1				1				2	
	1975	7	2		1		1			11	
	1976	1								1	
	1977		5							5	
	Total	9	7	0	1	1	1	0	0	19	
GA.	1971									0	For day care contractors of State DHR, half of the Title XX match comes from a special state allocation. All ARC grantees were invited to apply for additional Title XX funds for FY-77-78. Half of the state funds goes to the Appalachian portion of the state. The Ga. Appalachian State Plan imposes a two year limitation on ARC CD grants.
	1972									0	
	1973									0	
	1974									0	
	1975				1	1				2	
	1976	1				1				2	
	1977	15	2							17	
	Total	16	2	0	1	2	0	0	0	21	

9-14-77
R. Decker

NUMBERS OF ARC CHILD DEVELOPMENT PROJECTS TERMINATED BY FISCAL YEAR OF END DATE BY STATE

Fiscal Years 1971 - 1977 (Continued)

State	FY	DC	HS	E	F	I	AS	FD	STC	Total	Comments
KY.	1971									0	For projects that "failed" in FY-73, the primary source of funds was Title IV-A. A change in Title IV-A regulations and the amount of IV-A fund; the state received necessitated the termination of three projects.
	1972		1							1	
	1973									0	
	1974				3	1				4	
	1975									0	
	1976									0	
	1977		1							1	
	Total	0	2	0	3	1	0	0	0	6	
MD.	1971									0	State Title XX allocation is budgeted to ceiling.
	1972									0	
	1973									0	
	1974									0	
	1975									0	
	1976									0	
	1977									0	
	Total	0	0	0	0	0	0	0	0	0	

9-14-77
R. Becker

NUMBERS OF ARC CHILD DEVELOPMENT PROJECTS TERMINATED BY FISCAL YEAR OF END DATE BY STATE

Fiscal Years 1971 - 1977 (Continued)

State	FY	SL	HS	E	F	I	AR	FQ	STC	Total	Comments
Miss.	1971									0	Through the Governor's Office and ARC, Title XX funds have begun to be available for some Appalachian grantees
	1972									0	
	1973									0	
	1974									0	
	1975	3		1						4	
	1976				1	1				2	
	1977	1						1		2	
	Total	4	0	1	1	1	0	1		8	
W.V.	1971									0	State Title XX allocation budgeted to ceiling.
	1972									0	
	1973						1			1	
	1974						1			1	
	1975				2	2				4	
	1976				1		4			5	
	1977	7	1		1	1	1			11	
	Total	7	1	0	4	3	7	0	0	22	

9-14-77
B. Decker

NUMBERS OF ARC CHILD DEVELOPMENT PROJECTS TERMINATED BY FISCAL YEAR OF END DATE BY STATE

Fiscal Years 1971 - 1977 (Continued)

State	FY	SL	NS	E	F	I	AG	FQ	STC	Total	Comments
N. C.	1971									0	Single large grant to state. Funds to local providers through contracts. State allocation provides part of match for Title XX.
	1972									0	
	1973									0	
	1974									0	
	1975									0	
	1976									0	
	1977		1							1	
	Total	0	1	0	0	0	0	0	0	1	
Ohio	1971									0	Local development districts have major planning program development grants. Limitations on availability of Federal and State resources of funds.
	1972									0	
	1973						2			2	
	1974									0	
	1975						2			2	
	1976	1					5			6	
	1977		6		3		1	3	0	13	
	Total	1	6	0	3	0	10	3	0	23	

9-14-77
R. Decker

NUMBERS OF ARC CHILD DEVELOPMENT PROJECTS TERMINATED BY FISCAL YEAR OF END DATE BY STATE

Fiscal Years 1971 - 1977 (Continued)

State	FY	SL	MS	E	F	I	AG	FO	STC	Total	Comments
Penn.	1971									0	Some state appropriated funds are used. State has applied a three year general limit for ARC support. Title XX allocation budgeted to ceiling.
	1972									0	
	1973									0	
	1974									0	
	1975	4				2	2			8	
	1976	9					1			10	
	1977	3	1	2		1	1			8	
	Total	16	1	2	0	3	4	0	0	26	
S. C.	1971									0	State Social Service grantee sub-contracts projects to local providers.
	1972									0	
	1973									0	
	1974					1				1	
	1975					1				1	
	1976	5			1		4			10	
	1977	2	2			2	1			7	
	Total	7	2	0	1	4	5	0	0	19	

9-14-77
R. Becker

NUMBERS OF ARC CHILD DEVELOPMENT PROJECTS TERMINATED BY FISCAL YEAR OF END DATE BY STATE

Fiscal Years 1971 - 1977 (Continued)

State	FY	SL	HS	E	F	I	AG	FO	STC	Total	Comments
Tenn.	1971									0	No new projects anticipated; state Office of Child Development is in process of developing new comprehensive State Plan.
	1972									0	
	1973									0	
	1974	1								1	
	1975	1				1				2	
	1976	2								2	
	1977	1	3		1	2		1		8	
	Total	5	3	0	1	3	0	1	0	13	
Va.	1971									0	Projects linked to ongoing State agency services.
	1972									0	
	1973									0	
	1974									0	
	1975	2					1			3	
	1976	7								7	
	1977									0	
	Total	9	0	0	0	0	1	0	0	10	

9-14-77
R. Decker

NUMBERS OF ARC CHILD DEVELOPMENT PROJECTS TERMINATED BY FISCAL YEAR OF END DATE BY STATE

Fiscal Years 1971 - 1977 (Continued)

State	FY	SL	HS	E	F	I	AG	FQ	STC	Total	Comments
W.VA.	1971									0	State agency grantees depend on respective state appropriations for non-Federal share.
	1972									0	
	1973									0	
	1974									0	
	1975	4			1	1				6	
	1976	4								4	
	1977	4	1							5	
	Total	12	1	0	1	1	0	0	0	15	
	Total	86	26	3	16	19	28	5	0	183	
	FY-71										
	FY-72		1							1	
	FY-73						3			3	
	FY-74	2			3	3	1			9	
	FY-75	21	2	1	5	8	6			43	
	FY-76	30			3	2	14			49	
	FY 77	33	23	2	5	6	4	5		78	

9-14-77
R. Decker

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A Cost Analysis and Management Assessment of Five Child Development Centers That Recieve Appalachian Regional Commission Financial Support

Prepared For:
Appalachian Regional Commission
4th Floor
1666 Connecticut Ave., N.W.
Washington, D.C. 20235
June 1973

Keith McClellan
Principal Investigator
Human Development Area

Appendix B

Appendix B

Comparative Data

Total Cost per child per year and per child per hour - including depreciation

	Cost per child/year	Cost per child/hour	Date of Study
Center A	$2299	$1.15	1973
Center B	$2788	$1.39	1973
Center C	$2249	$1.12	1973
Center D	$1993	$1.00	1973
Center E	$1607	$.80	1973
Weighted Average of ARC Centers	$2187	$1.10	1973
Average of 35 PCC's	$1994	not applicable	1973
Average of 10 Chicago Centers	$2924.	$1.46	1971
Average of 13 Centers in Abt Study	$2614.	$1.27	1971
Average of 62 Day Care Centers in Penn. Study*	$2506	$1.26	1972

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* Teh-wei Hu and Karl Wise, "A Cost of Day Care Centers in Pennsylvania," Institute for the Study of Human Development, Pennsylvania State University, March, 1973, p.39

Appendix B

Study Findings and Selected Cost Comparisons

Chapter 1

Overall Finding

When the value of contributed goods and services is included as an operating cost, the operating cost per child per year for comprehensive preschool services — for a nation-wide sample of centers -- has averaged about $2,500 per child per year. The operating costs of the five child development projects analyzed by this study are competitive with those of other projects analyzed in a similar manner. These five projects, which are supported by Appalachian Regional Commission (ARC) 202 funds, averaged $2135 per child per year.* Regional cost differences account for some of the lower average cost per unit. Yet, the scope of services and the daily length of services provided by these five centers is greater than many of the centers in the national sample groups.

Comprehensive services of preschool children are, of course, relatively expensive. They are labor intensive, and child-teacher ratios are fixed by law in most states at levels 1/3 to 1/5 those of elementary schools.** This is as it should be as none of us would sanction ratios of 30 infants and toddlers to one adult. In addition, the hours of service at most day care centers are longer, the services are more comprehensive, and the number of days of service are considerably greater than those of elementary and secondary schools or colleges. It should not be surprising, therefore, that annualized comprehensive preschool child care services are more expensive than the annualized per pupil costs of an elementary and secondary school education in some communities.

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* The $2135 per child per year figure is a weighted average which treats all 5 ARC projects as equals, rather than a true average which treats the 5 projects as a single sample. In a true average, data from the large sites dilute the input from the smaller sites, even when small sites represent a large portion of the total number of sites supported by ARC. This method of presentation was selected because the sites are to be used to represent the program as a whole. However, the average when the 5 sites are considered as one sample is $2010 per child per year.

** See Abstracts of State Day Care Licensing Requirements: Part 2 Day Care Centers (Washington D.C.: Department of Health, Education and Welfare, Office of Child Development, 1971); Social and Administrative Services and Systems Associates, Day Care Licensing Study: Summary of State and Local Day Care Licensing Requirements (OCD and OEO, August, 1971).

Appendix B

HIGHLIGHTS

Most estimates of per child per year costs of child care services are calculated by taking the total budget and dividing it by the number of children enrolled in the project. This process has four basic weaknesses:

- It does not separate non-recurring costs, like capital expenditures and start-up costs, from operating costs;
- It does not take into consideration donated goods and services that may be indispensible to the project's continued operations;
- It assumes that budgeted expenditures are actual expenditures; and
- It assumes that the programs being compared have the same scope of services.

This study overcomes these weaknesses in its cost analysis and project comparisons.

There are a number of problems in doing a reliable cost analysis. Most project budgets and financial reports do not report all expenses incurred, nor do they report expenditures in a detailed, consistent manner. Three fundamental ingredients of good fiscal recordkeeping and reporting are frequently missing:

- Projects do not utilize a common and sufficiently detailed chart of accounts;
- The employ cash accounting rather than accrual accounting procedures; and
- They neglect to account for (or do not consistently account for) contributed goods and services.

This study also overcomes these problems.

Findings

1. The five comprehensive child development projects involved in this study averaged costs of $2135 per child per year, as contrasted with a national average of $2500 for a sample of comparable centers.

2. The cost of occupancy is below the national average.

3. The Appalachian Regional Commission has invested more in equipment and renovations than the Agencies providing Federal financial support for centers in the comparison groups.

4. The five projects involved in this study spent a lower percentage of their operating costs on administration than did the centers in the comparison groups, (14.1% as compared to 23.9% and 21.9% in comparison groups (see p. 8).

5. An average of 64% of the operating expenses of the five Appalachian Regional Commission supported projects involved in this study was spent on direct services to children, as contrasted to overhead or support services. (The comparison groups spent only 50.2% and 59.1% respectively of their operating expenses on direct services).

6. The balance and comprehensiveness of the five Appalachian Regional Commission supported projects is indicated by the fact that Health Services, Food Services, and Social Services account for 31% of the operating expenses of the five ARC supported centers while child supervision and education account for 34.9% of their operating expenses. (The comparison groups spent 16% and 35.6% child supervision and education and 16.7% and 10.4% on health services, food services, and social services).

7. Only 5.6% of the operating resources of the five ARC projects are spent on Staff Development and on-the-job training, perhaps too low a committment given the para-professional domination (69% of all employees) of these first year projects. (Comparable programs spent 7.4% on Staff Development and training).

8. The five ARC supported sites provided child care services an average of 249 days during 1972. They averaged 10 hours of service per day.

9. The five ARC supported sites had an average monthly enrollment of 171 children.

10. The five ARC supported sites fed children from low income families a combined total of 438,109 meals and snacks.

ABSTRACTS

State Appalachian
Development Plans
and
Investment Programs
for Fiscal Year 1977

March 21, 1977

Appalachian Regional Commission

Appendix C

ABSTRACTS

STATE APPALACHIAN DEVELOPMENT PLANS

AND

INVESTMENT PROGRAMS FOR FISCAL YEAR 1977

The accompanying Development Plan and Investment Program Abstracts are submitted for your consideration and action to meet the requirements of Section 303 of the Appalachian Regional Commission Act Amendments of 1975 (PL 94-188). The Abstracts cover the 13 Appalachian Development Plans of Record for each of the 13 Appalachian States. They include revisions or amendments to such Plans and the list of project proposals submitted by each as their Investment Program for 1977. Consideration of Abstracts is under Agenda Item 6, at the March 21, 1977 Commission meeting.

Appendix C

STATE OF ALABAMA

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 35
Population (1975): 2,242,500
Population change (1970-1975): 4.9%
Employment (1975): 837,100
Unemployment rate (1975): 8.1%
Per capita income (1974): $4,372
Per capita income as percent of U.S. level (1974): 80.2%
Per capita income growth (1970-1974): +43.4%

Appalachia Alabama has the largest and most urbanised population in Southern Appalachia, but the slowest population growth rate (1970-1975), below the average for the South; 8 of the 13 metropolitan counties are even below this rate of growth (4.9 percent). In contrast, 6 non-metropolitan counties in northern Alabama have had very rapid population growth rates. East Central Alabama has had less rapid to slow growth. Despite urbanization and industrialization, per capita income levels are only just above the Southern Appalachian average, while income growth has been slightly better. Economic growth has been concentrated in trade, followed by service industries; manufacturing growth rates have been much lower. The Huntsville area, with the greatest in-migration in the Region in the 1960s, has had net out-migration in the 1970s.

Plan Objectives, Needs and Priorities

The FY 1977 Alabama Development Plan was prepared by the Alabama Development Office, in cooperation with the Office of State Planning and the State's Local Development Districts. This Plan is the first Development Plan produced under Alabama's new organisational structure. Although the FY 1977 Plan is a new document, it is also an extension and refinement of the State's FY 1974-76 Plan. It will also be used as the basis for developing a statewide Development Plan and planning process.

Consistent with the last three years, Alabama's overall program emphasis for Appalachian investments is centered on industrial development. All major program areas, though in varying degrees, are now given consideration in the FY 1977 Plan to help achieve the State's overall goal of

Pg 56- blank

industrial development. In addition, an equally strong emphasis is given to the discussion of growth areas, particularly in regard to justification of investments virtually in all areas on a project-by-project basis. No priorities are given in the Plan. Alabama simply feels that emphasis must be given to those selected program areas that offer the best opportunities to stimulate the development of the State.

The framework of the Plan is divided into two major parts: Part A contains all development-related activities; Part B is concise well-structured and presents an analysis of conditions in Appalachian Alabama, identifies problems and opportunities, and sets forth goals and objectives with clarity.

The single, overriding strategy of the Alabama Plan is industrial development. It is in this context that the individual program areas discussed throughout the Plan can be related and understood. In the area of community development, major emphasis is placed on the development of adequate regional water systems which will encourage the location of new industries and expansion of existing plants. This thrust of community development programs, together with the traditionally strong ongoing vocational education program, form the nucleus of Alabama's development strategy. The education program is geared to manpower training for industrial development. Health, in many respects, is regarded as an infrastructure component to encourage development, but quality health care is stressed and some emphasis has been given to rural health. Child development is a minor program area in Alabama, as is conservation and environmental protection.

Comments

As the first formal Plan produced under the reorganized State planning structure, the FY 1977 Alabama Appalachian Development Plan is highly commendable. Several areas of the Plan, however, require further work within the context of the overall State planning effort.

Balanced regional development is Alabama's stated strategy to achieve its goal of industrial development. In updating the Plan for FY 1978, this strategy should be elaborated on in terms of specific program and area objectives.

While many of the primary growth areas are consistent with previous year designations, their hinterlands have been substantially expanded. The list of criteria presented for growth area designations, however, is insufficient (see the staff Reviews and Comments and Addenda). Staff also questions the acceptability of several of the secondary centers because data supplied by the State does not justify them as viable secondary centers. Staff recommends that the State provide an analysis of its growth areas with a methodology and criteria for designating them. Such an analysis must establish a cut-off point where centers below that performance level cannot be designated as growth centers. Accordingly, the new proposed secondary centers are not recommended for approval at this time.

The child development portion of the Plan is generally consistent with ARC Code requirements, and is an instrument upon which a reasonable investment program can be based. Likewise, the health component is comprehensive and well-suited to serve as a guide for Appalachian health investments over the next four years. The health Plan reflects the State's approaches to addressing basic health needs of Appalachian Alabama, as well as the organization response at the State and district levels for developing and conducting the Appalachian health program.

The education sections of the Plan identify needs and provide a rationale for meeting these needs. Nevertheless, the Plan does not provide the kind of cohesiveness between the various sections that would permit a clear perception of identified problems and proposed solutions through ARC investments. The community development section suffers from a similar problem. Enterprise development and natural resources and environment components are often short on information, but are adequate for this year's planning cycle.

Investment Program

The State of Alabama's FY 1977 investment priorities are governed by the overall strategy of industrial development which is clearly stated in the FY 1977 Plan. The community development (resources) projects are almost entirely water system projects of the region-serving type which the State has pursued over the past three to four years. Education, which has always been a major program thrust and is again prominent as its contribution to manpower development, is essential to the overall development goal of the State. Alabama, in FY 1977, continues the strong health program of upgrading facilities and providing services to more citizens. The child development program is of an ancillary nature to the total program.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Education	41.4%
Health	24.2
Child Development	2.7
Physical and Community Resources	31.8
	100.0%

Remarks

The FY 1977 Investment Program is in accordance with the priorities of Alabama's Appalachian Development Plan. As evidenced above, the Alabama Program has been one of remarkable consistency for a number of years.

Investment Program Fiscal Year 1977

The project proposals listed below are contained in the State Investment Program for 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ARC Funds
Community Development and Housing	
Tannehill Park (Jefferson, Bibb, Tuscaloosa Counties)*	$ 35,100
Bibb County Recreation (Centreville)**	92,940
Chilton County Water*	300,000
Elmore County Water - Phase II	255,000
Haleyville Water - Phase III (Winston County)	248,000
Colbert County Water	500,000
Birmingham Industrial Water Board (Jefferson County)	350,000
Decatur Water (Morgan County	425,000
Multi-County Water System - Phase II (Marshall, Jackson, Cherokee, DeKalb, Etowah Counties)*	650,000
Huntsville Sludge (Water Plant - Madison County)	300,000
Arab Water Expansion (Marshall County)*	250,000
Tuscaloosa Water System Improvements (Tuscaloosa County)	61,500
Sylacauga Industrial Park Water Extension (Talladega County)**	25,530
Sumiton Water System Improvements (Walker County)*	200,000

Community Development and Housing (continued)

Lanett Industrial Water Extension (Chambers County)*	$ 190,000
Florence Water System (Lauderdale County)	375,000
Bessemer Water System (Jefferson County)	500,000
Alabama Housing Technical Assistance	115,000
Calhoun County Water Authority - East Division*	213,300
Huntsville-Madison County Recreation Facilities*	180,000

Education

Winfield City (Marion County)	234,389
Bessemer Technical College (Jefferson County)	750,000
UAB (Life Sciences Building - Jefferson County)	160,000
Southern Union State (Randolph County)*	400,000
Title VI-A Equipment Grants (4 Colleges) (DeKalb, Etowah, Fayette, Limestone Counties)	30,321
Nunnelley Technical College (Talladega County)	325,000
Russellville City Schools (Franklin County)	25,000
Madison County Vocational Education	385,560
Randolph County Vocational Education	200,000
Northwest State Junior College (Franklin County)	300,000
Hartselle County Vocational Education (Morgan County)	397,229
Midfield City Vocational Education (Jefferson County)	572,325
Muscle Shoals Technical Institute (Colbert County)	517,189
Tuscaloosa County Vocational Education	336,000
Pinson Valley Vocational Education (Jefferson County)	300,000
Huntsville Vocational Education (Madison County	660,000
Jacksonville State University (Calhoun County)	750,000

Health

Hamilton Primary Health Care (Marion County)	100,000
Community Hospital Primary Health Care Center (N.W. Jefferson & S.E. Walker Counties)	88,420
Goodwater Primary Health Care Clinic (Coosa County)	120,000
School Health Project (Colbert County)	93,750
West Alabama EMS (Lamar, Pickens, Bibb, Tuscaloosa and Fayette Counties)	30,000
EMS Project (Last Year's Project) (Serves rural counties in Birmingham Region)	65,000
East Alabama EMS System (11 counties)	140,000
Dental Health Program (Lamar, Pickens, Bibb, Tuscaloosa and Fayette Counties)	65,000
Walker County Health Center Addition (Walker County)	95,000
School Health Program (Clay, Randolph, Tallapoosa, Talladega and Chambers Counties)	150,000

Health (continued)

Child Health Program (Cherokee County)	$ 32,000
Community Supportive & Preventive Health Education (Clay County)*	16,000
Community Health Education - Wedowee, Alabama (Randolph County)	25,600
Cherokee County Hospital Life Safety Code Improvements (Cherokee County)	120,000
Establish N.E. Alabama District Health Department (Jackson and Marshall Counties)	100,000
Renovation and Equipment of North Alabama Regional Hospital (Morgan County - serves 18 counties)	180,000
Community Health Education Foundation (N.E. Alabama) Calhoun County*	46,240
Rural Health Program for Nursing Students (Lamar and Fayette Counties)	50,000
Rural Jefferson County Home Health Care for the Elderly (Jefferson County)	240,021
Birmingham Regional EMS Radio Communications Coordination)	50,417
DeKalb County Outpatient Facility*	120,000
Piedmont Hospital Addition (Calhoun County)**	155,562
Leeds Health Center Replacement (Jefferson County)	200,000
Northwest Alabama Regonal Public Health Facility (Colbert, Franklin and Lauderdale Counties)	400,000
West Blocton Primary Care (Tuscaloosa County) - Continuation	100,000
Family Practice Residence Program (UAH) (Madison County) - Continuation	47,900
Nurse Practitioner/UAH Master's Program (Madison County) - Continuation	35,434
911 - EMS - District 1 (Multi-County) - Continuation	30,244
Home Health Nursing Services (Cullman, Lawrence, Limestone & Morgan Counties) - Continuation	152,060
Cullman County Health Department (Tri-County) - Continuation	98,563
Consolidated Multi-County Health Department (Colbert, Lauderdale & Franklin Counties) - Continuation	197,881
Allied Health Occupations - Wallace State (Cullman County) - Continuation	132,230
Home Health Services Enrichment Program (Jackson, DeKalb & Marshall Counties) - Continuation	88,619
Associate Degree Nursing Satellite - John C. Calhoun College (Multi-County) - Continuation	27,332
Hobson City Primary Care (Calhoun County) - Continuation	40,000

Health (continued)

Technical/Developmental Assistance Grants: North Alabama	
Health Systems Agency (HSA No. 1) - Continuation	$ 20,000
West Central Alabama Health Systems Agency (HSA No. 2) - Continuation	15,000
Birmingham Health Systems Agency (HSA No. 3) - Continuation	15,000
East Alabama Health Systems Agency (HSA No. 4) - Continuation	20,000

Child Development

Anniston Headstart Facility Remodeling - Phase II (Calhoun County)	50,000
Fort Payne/DeKalb County Child Development Program - Continuation	48,000
Limestone County Child Development Program - Continuation	96,088
Madison County Child Development Program - Continuation	104,399
Marshall County Child Development Program - Continuation	42,455
Jackson County Child Development Program - Continuation	47,996
Allen Cott School (Jefferson County) - Continuation	43,905
Jefferson County Outreach Program - Continuation	29,875

Projects Proposed for Other Funding

Local Development District Programs		427,975
1. N.W. Alabama Council of Governments		
2. N.C. Alabama Regional Council of Governments		
3. Top of Alabama Regional Council of Governments		
4. W. Alabama Planning & Development Commission		
5. Birmingham Regional Planning Commission		
6. E. Alabama Regional Planning & Development Commission		
7. Central Alabama Regional Planning & Development Commission		
Areawide Action Programs		110,750
Regional Computer Cooperative	(Approved)	50,000
State Management Reorganization	(Approved)	49,260
"SULF-X" Gas Scrubbing Demonstration		28,000

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ABC Funds
Adjusted Single Allocation	84	$16,175,374
Other Funding	15	665,985
TOTAL	99	$16,841,359

STATE OF ALABAMA

APPALACHIAN INVESTMENT PROGRAM

ABSTRACT FOR FISCAL YEAR 1977

ADDENDUM

The following proposal is added to the Alabama FY 1977 Investment Program:

In-Situ Coal Gasification Proposal	$60,000

STATE OF GEORGIA

Appalachian Development Plan
and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 35
Population (1975): 956,400
Population change (1970-1975): 17.5%
Employment (1975): 362,700
Unemployment rate (1975): 9.3%
Per capita income (1974): $4,126
Per capita income as percent of U.S. level (1974): 75.7%
Per capita income growth (1970-1974): +38.7%

Appalachia Georgia has the most rapid population growth in the Region: 28 of its 35 counties had rapid population increases in the 1970-1975 period. About 70 percent of the total growth was in the orbit of 10 counties bordering the heart of metropolitan Atlanta. Mainsprings of economic growth include the heavy in-migration of suburban population in the Atlanta and Chattanooga areas, the rapid growth of trade and services, along with a modest expansion of manufacturing, and recreation growth in the Georgia mountains. Unemployment rates in 1975 were highest in Dawson County (23.7 percent) and lowest in the Atlanta suburban counties in the Region.

Plan Objectives, Needs and Priorities

Georgia's FY 1977 Development Plan represents its first major rewrite of the State Plan since 1971-72. The new Plan responds positively to a basic directive of the Georgia legislature to develop a meaningful and consistent statewide planning process. This Plan is the primary coordinating device between regional objectives, State strategy, and local needs as well as a policy-making tool for the conduct of the regional programs in Georgia. Georgia's Plan reflects the goals and objectives of major State agencies which have been coordinated with the State's local development districts in consideration of their goals, objectives, and priorities. Basically, the entire effort is to develop a consistent statewide planning process.

The general goal of Georgia's development program is to bring the Appalachian Region of the State and the State as a whole a greater share of the nation's economic prosperity. Priorities for investments are in each functional program area based on specific investment policies. Those functional areas are: Intellectual Development; Human Development; Transportation; Economic Development; and Natural Environment and Housing. Increased emphasis, however, will be placed on such new programs as arts and crafts, recreation, rural public transportation, energy, tourism and education. In addition to these priorities, Georgia gives priority to completing the Appalachian development corridor to Dahlonega. Accordingly, top priority is given to those projects that are directly involved in the delivery of primary health care services and the development of health manpower. The funding of brick and mortar projects such as hospital construction has not been excluded from consideration. However, this category will receive the lowest priority and funding and will not be considered until other needs have been met, except at the expressed direction of the Governor. The future thrust of the State's housing program will be to place a priority among projects which are production-oriented. Projects will be given high priority that develop linkages between vocational high schools, post-secondary facilities and junior colleges, especially programs which demonstrate a sharing and coordination of services. Section 214 will continue the grant of the area development program with the submission of individual projects for health demonstration, child development, and supplementation to vocational education facilities. Likewise, it is Georgia's policy to obtain increased amounts of 302 funding with priority given to those projects that have an immediate and direct impact on the economy, such as the development of a new cash crop or of the maximum utilization of existing resources.

Overall, Georgia's FY 1977 Plan is an innovative approach to State planning. If the Plan's overall policies and development strategies are carefully related to the requirements of special programs such as the ARC program, then it as the basic planning document for the entire State can effectively meet ARC's Plan requirements.

Comments

The new Plan has established goals and objectives. Its priorities and development strategies are much more clearly stated than previous Plan drafts, and are arranged geographically. Updated health and child development plans have been provided and, as recommended, have been incorporated into the basic Plan. The basic program management and evaluation procedure is of great importance, especially if the planning process being implemented is to earn a basic reputation for consistency and value as a basic guide for directing scarce resources to the most important problems. The Plan section dealing with this area is well developed. The project evaluation system suffers a deficiency, however, in lack of clarity as to how the criteria are weighted and used to screen priority projects.

The Plan requires further clarification and attention at some points. For example, the Plan does not provide a clear means of coping with unanticipated events; this will become increasingly important as the planning process matures. Also, if the basic analyses are to be made on the basis of subregions, it would seem logical that the analyses would be in the subregional discussions. The organization and presentation of the information provided in the Plan does need more thought and consideration.

The Plan provides a basic statement of goals and objectives in all program areas, but the document is deficient in the basic needs assessment for establishing those goals and objectives except health, child development and education. The health component is acceptable since the Department of Human Resources Plan, which provides the needs assessment, is accepted by the State as an Addendum, which will have precedence. The education component of the Plan references the special studies and evaluations which clearly establish the basis for current change in policies. Although not all of these studies and evaluations have been completed, the Plan is adequate in covering the investment areas in education to be supported by ARC funds. The Plan is deficient in basic needs assessment for water, sewer, recreation facilities, in educational areas other than those in which investments are proposed in FY 1977, and hospitals (which apparently will have very low priority). The State must provide needs assessments to cover Priority I proposals and establish development targets against which a basic funding rationale can be ascertained for proposed projects.

Finally, the Plan does not describe a research strategy or how such efforts would be important in furthering the Plan's refinement, nor does it state how the ability-to-pay requirements are to be met. If Georgia is not proposing to undertake any new basic research activity in FY 1977, then the comment has no application. However, the ability-to-pay procedures should be addressed for FY 1977. If Georgia intends to apply actual dollar needs policy, it may address this deficiency by amending the Plan.

Georgia is currently developing the "service center" approach which will be finalized in 1978. Therefore, the State is retaining the designated growth centers of earlier Plans for FY 1977.

Investment Program

Georgia's proposed FY 1977 Investment Program represents a pronounced shift in program emphasis from the FY 1976 Program. In 1976, over 35 percent of the ARC funds available to the State were allocated to investments in health whereas only 18 percent was allocated to community development activities. In FY 1977, 48 percent of the available area development resources are allocated to community development type activities whereas investments in health utilize 26 percent of available funds. Less emphasis is given to investments in child development as well as in education. The continuation burden for health and child development programs has decreased.

The FY 1977 Georgia Investment Program reflects more directly current program priorities and the historical trend of the ARC funds over the life of the Program. Georgia has curtailed further investment in new vocational education facilities. With the capital investment in basic facilities now in place, consideration of expansion needs has been assigned first priority. The current program is targeted on specific needs for industrial and commercial manpower.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Community Development and Housing	48%
Health	26
Education	15
Child Development	11
Others	- 0 -
	100%

Remarks

The FY 1977 Investment Program is basically consistent with the FY 1977 State Plan. The proposed investments in physical facilities generally conform to the State's designated growth centers.

Programmatic and certain technical problems do exist with respect to some project proposals. The specific nature of these problems is set forth in the detailed staff review of the proposed FY 1977 Investment Program upon which the FY 1977 Abstract is based. Water, sewer and recreation development proposals will be eligible, specifically with respect to Plan requirements, upon submission by the State of a basic needs assessment for those program areas as an amendment to the FY 1977 Plan.

Investment Program Fiscal Year 1977

The project proposals listed below are contained in the State Investment Program for 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ARC Funds
Community Development and Housing	
Tallapoosa Water and Sewer System Expansion*	$ 202,020
Carroll County Water System Expansion*	180,000
Walker County Regional Water Treatment*	300,000
Norcross Water and Sewer Systems* Water System $300,000 Sewer System $300,000	600,000
Winder Water and Sewer Line Extensions*	122,500
Douglasville Waste Water Collection*	225,000
Bremen Water and Sewer System*	420,000
Chickamauga Sewerage Systems Collection*	300,000
Clayton Sewerage Extension**	90,000
Trenton Sewer Extension**	20,332
Union County Water and Sewer Extension**	50,000
Canton Water Main*	90,000
Lavonia Water System**	72,000
Catoosa County Water System*	138,000

Community Development and Housing (continued)

Union County Industrial Park**		$ 121,558
Cartersville Industrial Park**		84,000
Paulding County Industrial Park*		
Water Treatment Plant	$ 47,000	
Sewage and Water Lines	$186,133	233,133
Emerson Industrial Park**		500,000
Polk County Industrial Park*		300,000
Cumming-Forsyth Industrial Site**		275,000
Towns County Recreation Complex**		320,000
Lake Lanier Islands Swimming Pool*		331,500
Longwood Park*		30,000
Dalton Regional Library		480,000
Cartersville Library*		320,280
Summerville-Dahlonega Housing		250,000

Education

Madison County Comprehensive High School	328,800
Vocational Laboratory Addition - Coosa High School	390,000
Murray County High School - Equipment	30,000
Walker County Area Vocational School	375,000
Lafayette Comprehensive High School	241,134
Adairsville Comprehensive High School - Equipment	97,600
Library Services Video Demonstration	59,195
Vocational-Technical Energy Conservation & Management	19,500
Pickens Vocational-Technical Demonstration - Continuation	164,500
Governor's Career Education - Continuation	130,000

Health

Substate Planning and Development	152,000
Suches Medical Center	60,000
Dawson Medical Center	17,600
Banks County Medical Office Building	88,000
North Georgia Mental Health - Mental Retardation Center	69,037
North District Community Mental Health (Georgia Mountains)**	127,501
Special Health Care Opportunities	76,000
Outdoor Therapeutic Program	161,440
Nursing Baccalaureate Program (Northwest Georgia)	30,000
Community Emergency Resuscitation**	12,200
Walker-Catoosa Emergency Services	50,000
Satellite Station Emergency Services (Hall County)	82,600

Health (continued)

Pickens General Hospital Primary Health Services		$ 44,500
Appalachian Georgia Primary Health Care		457,279
Catoosa County Water Project		138,000
Northwest Georgia Diagnostic and Referral Program		127,500
Patient and Community Education (Stephens County)		42,500
Hamilton Memorial Hospital Emergency Cardiac Telemetry		63,477
Georgia Mountains Nutrition Study		28,500
North Georgia College Nursing Education		20,000
Multi-Purpose Health Clinic (Douglas County		280,000
Contingency Fund*		80,000
Team Medical Practitioners Demonstration - Revised		1,587
DHR Health and Child Development Technical Assistance - Continuation		186,953
Human Services and Mental Health Technology - Continuation		79,736
Associate Degree in Diatetics - Continuation		71,195
Family Practice Residency - Continuation		251,196
Northwest Georgia Regional Newborn Care - Continuation	(approved)	74,092
Dental Health Services Demonstration - Continuation	(approved)	126,888
Comprehensive Maternal/Infant Health Care - Continuation		238,045
Hiawassee Primary Medical Care Service - Continuation		38,787

Child Development

Georgia Mountains Child Development Preparatory Training	58,379
Child Protective Services Coordination	28,500
Training for Improving Child Care	33,717
Home Education School Demonstration	60,641
Berry College Day Care	110,000
Whitfield-Murray Day Care	111,000
Gordon County Day Care Center - Continuation	22,572
Floyd County/New Morning Day Care Center - Continuation	8,232
Floyd County-Berry/Blaylock Day Care Center - Continuation	33,594
Bartow County Day Care Center - Continuation	20,973
Paulding County Day Care Center - Continuation	29,784
Coosa Valley Homebound Child Development - Continuation	68,055
Heard County Day Care Center - Continuation	20,364
Barrow County Day Care Center - Continuation	19,988

Child Development (continued)

Madison County Day Care Center - Continuation		$ 23,550
Cherokee County Day Care Center - Continuation		34,000
Whitfield County/Varnell Day Care Center - Continuation		15,000
Gilmer County Day Care Center - Continuation		9,999
Pickens County Day Care Center - Continuation		9,999
White County Day Care Center - Continuation		33,750
Brenau Infant Lab - Continuation		55,731
Dawson County Day Care Center - Continuation		20,250
Lumpkin County Day Care Center - Continuation		40,500
Towns County Day Care Center - Continuation		29,250
Georgia Mountains Outreach and Family Day Care - Continuation		99,999
Georgia Outreach Project - Continuation		62,334
Carroll County Day Care Center - Continuation		12,999
Brenau-Appalachian Regional Preschool Disabilities Research - Continuation		123,389
Communicative Disorders - Continuation		59,097
Georgia Mountains Family Day Care Project - Continuation		45,500
White County Day Care Supplement - Continuation		9,450
C-BIRD (Formerly Resources Mobilization) - Continuation		33,500
Title XX/Training (Appalachian Child Care Staff Training) - Continuation	(approved)	27,266

Projects Proposed for Other Funding

Local Development Districts Program Atlanta Regional Commission	(approved)	38,226
Areawide Action Programs		30,000
Georgia Mountains Rural Transportation		162,500
Tennessee-Tombigbee Waterway Study		37,500
Rural Fire Protection - Continuation		15,000
Training Institute for Citizen Planners**		15,000
Forest Industry Complex - Geographical Information Management System*		117,881
Georgia Arts and Crafts Program		100,000
Wildland Resources Allocation Procedure*		30,000
Villa Rica Industrial Park Access Road*		103,500
Habersham County Industrial Park Access Road		238,784
Winder-Barrow Industrial Park Access Road		311,500
Old Alabama Access Road - Bartow County**		715,400
Hales Gap Access Road		707,560

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	101	$12,539,037
Other Funding	15	2,622,851
TOTAL	116	$15,161,888

COMMONWEALTH OF KENTUCKY

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 49
Population (1975): 952,300
Population change (1970-1975): 8.6%
Employment (1975): 326,600
Unemployment rate (1975): 7.6%
Per capita income (1974): $3,372
Per capita income as percent of U.S. level (1974): 61.9%
Per capita income growth (1970-1974): +53.3%

Appalachia Kentucky is predominantly rural; only one-fifth of its people live in the 5 metropolitan or urban counties; the 1970 Census classified 21 percent of population as urban. Per capita income is the lowest in the Region, but rose from 55 to 62 percent of the U.S. level in 4 years, due in part, to rapid growth (28 percent) in employment (1970-1975), though all employment is not full-time there is still "hidden" unemployment. After a population loss of 5 percent in the 1960s, there has been a sharp turn to growth, though about two-fifths of the counties still had a low rate of growth (with some declining). Employment growth in 1970-1973 was led by service industries, manufacturing, and trade (20 to 24 percent increase); mining gained 11 percent, and local government about 5 percent. The unemployment rate dropped from 7.5 percent to 5.4 percent (1970-1974), but then jumped back up again in 1975 due to a nationwide slow down in economic activity. The highest unemployment rates (about 10 percent) in 1975 were concentrated along the border of the eastern Kentucky coal field.

Plan Objectives, Needs and Priorities

While work proceeds on the development of a revised Appalachian State Development Plan for FY 1978, Kentucky will use as its 1977 Plan the FY 1976 Plan of Record — Appalachian Kentucky: Past and Promise — as updated by the ARC Manual submitted as an addendum to the earlier Plan. The following comments summarize the basic strategy, as amended

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by the 1977 addendum. The traditional emphasis on human resources development has changed in Kentucky's Plan-of-Record and addendum to an emphasis on increased investments in fiscal infrastructure facilities to facilitate an enterprise development program strategy. The essence of this strategy is selective funding of projects that contribute to the infrastructure required to support expanded private job and capital-enlargement efforts. This change does not preclude meeting unmet needs in areas such as health and education because Kentucky will continue to address these needs. What the new strategy points out is that the State is now at a point where the lack of investments in physical infrastructure (developable sites, utilities, housing, recreation, etc.) is becoming the main hindrance to development. This strategy shift does not change the State's commitment to existing development goals as outlined in earlier Plans; it does reflect a relative investment priority attached to the first goal. These goals are: (1) development of a diversified economy capable of employing Appalachia's citizens and producing and distributing commodities necessary to their physical and spiritual well-being; (2) improve social services available to Appalachia's citizens so that their health and skill levels are sufficient to support personal needs and ambition; and (3) improve the management and utilization of the Region's natural resources in order to ensure the maximum social and economic return to the Region's citizens. In implementing these goals, with the stated overall priority, highest priority for the investment of FY 1977 ARC funds will be accorded to proposals that are: (1) directed to project components of a sequenced program of areawide economic development; (2) concentrated in areas showing strong promise for permanent long-term growth in jobs and tax base; (3) applied in such a way as to obtain maximum leverage from available public and private funding sources; and that, specifically: (1) support planning and feasibility studies for region-serving industrial sites; (2) contribute to the development and improvement of regional industrial sites; (3) involve placement of improved housing and utilities services in areas with good prospects for a positive private response to public investments; (4) integrate health and education services into a carefully rationalized program of economic development; or (5) serve to complete a package of community amenities that enhance the overall economic program.

The overall program development strategy for fiscal year 1977 emphasizes four areas: (1) enterprise development; (2) housing and community development; (3) education; and (4) health. The enterprise development strategy is the heart of the overall development program. It emphasizes increasing job opportunities by stimulating industrial and commercial activities. Site development and management assistance are the key targets to support this strategy. Site development potential will be oriented particularly to industrial development. As indicated above, enterprise development provides a basic rationale for the investment of Kentucky's single allocation in all of the program areas. The enterprise development strategy directs the selection of those investments which most effectively capitalize on prior investments such as education and health.

The State's strategy for improving Appalachia's housing conditions consists essentially of supporting housing finance and construction organization on both the State and district levels. On the State level, the strategy is translated into support to the Kentucky Housing Corporation; on the district level, the strategy supports a housing specialist staff. With regard to community facilities, the emphasis is on needed community development water supply systems.

Several of the policies stated in the FY 1977 addition to the Plan of Record have important implications for the education program strategy. The Governor has stated that Kentucky should not support now, from Federal funds, what it will not support later from State funds. It is further stated that it will be a policy to integrate health and education services into a carefully rationalized program of economic development. This implies that there must be the prospect of continuing operating funds for vocational-education projects which will contribute directly to the enhancement of job opportunities. Furthermore, newly established procedures will call for the attachment of an economic impact statement to all project applications which will provide a way of evaluating the job relevance of vocational-education investments. Increasing emphasis will be placed on projects designed to enhance operational programs and existing facilities and there will be a gradual reduction of funding for facilities and equipment.

Priority in the health program is placed on the development of primary health care approaches in Appalachian Kentucky, the continued sponsorship of comprehensive health planning, and the maintenance and extension of health systems components and the provision of managerial and technical assistance. These priorities are supported by a more general human resources strategy, including demonstrations of the capacity for institutional change and of the economic development impact of a systematic network of health and child development services. Other goals include the developing of innovations in health and child development that meet needs for the development of rural areas and supplementing and integrating other funding sources. Although the proposed child development program expenditures are limited for this fiscal year, the Plan proposes several broad goals for child development. Additional future attention in the child development area will be given through legislative studies, the Governor's policy development and executive agency activities.

In the program areas receiving less Appalachian investments this year, the transportation strategy calls for the completion of the priority Appalachian system highways and demonstration activities to capitalize on highway development. For access roads, highest priority will be given to projects supporting the enterprise development strategy. For airports, priority goes to those strengthening designated urban service centers. The State's planning and management strategy emphasizes the development and implementation of long-range objectives geared to meeting the Region's needs through extending staff capability by drawing on the resources of other State program agencies and creating involvement of the area development districts in needs identification, policy formulation, and project development. The development of an Areawide Action Program approach will be emphasized.

Comments

The Kentucky Plan-of-Record -- Appalachian Kentucky: Past and Promise -- with the 1977 additions fully meets the requirements of the Act and provides a sound basis for developing and reviewing 1977 investments. The Plan, with the 1977 additions, provides a comprehensive policy framework for guiding the development of Appalachian Kentucky. The goals and objectives in each functional area are related to the development strategy, and there is a clear sense of priority for choosing among potential investments. The 1977 Addendum presents criteria for project selection and provides a common set of procedures for grant applications.

Kentucky is already in the process of developing a new Plan for 1978. Several points call for refinement and elaboration during the development of the new Plan, as indicated in the staff review and comments.

Investment Program

Overall, Kentucky's FY 1977 Investment Program reflects the Commonwealth's current strategy of placing high priority on community facility and enterprise development-related investments while continuing to address unmet needs in the health and education areas.

Until recently, Kentucky concentrated its investments in human resource development, which included the establishment of vocational-technical education and health care delivery systems. In FY 1976, the Commonwealth's Investment Program reflected increased emphasis on investments in physical infrastructure facilities to implement an enterprise development program strategy as called for in the State Appalachian Development Plan. For FY 1977, approximately 54 percent of the

Commonwealth's proposed investments focus on physical infrastructure facilities other than health and education.

Noteworthy is the fact that Kentucky proposes to spend $1.5 million on housing and another $1.3 million to provide access to housing sites.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Child Development	1%
Education	29
Enterprise Development	17
Housing and Community Development	36
Health	16
Transportation	1
Others	- 0 -
	100%

Remarks

The Fiscal Year 1977 Investment Program is consistent with Kentucky's Plan priorities. Although some programmatic concerns have been cited about individual projects, these most likely will be resolved by the submission of additional information with the actual project applications. The Sharpsburg Water Improvement project has an unresolved growth area related issue.

The project proposals listed below are contained in the State Investment Program for 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Policies with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ARC Funds
Child Development	
Kentucky Child Development Planning	$ 200,000
DCCP	40,000
Education	
Demonstrating Education Techniques - LBJ	102,000
Operation - Area Vocational Schools	600,000
Staff Exchange	125,000
Harlan State Vocational Technical School Construction	554,160
Harlan State Vocational Technical School Equipment	80,000
Mining Training - Entry Level	125,000
Diesel Mechanics Training	100,000
Vocational Education Liaison	25,000
Jackson County Vocational Education Department Construction	818,192
Jackson County Vocational Education Department Equipment	140,000

Child Development (continued)

Lewis County Vocational Education Department Construction	$ 818,192
Lewis County Vocational Education Department Equipment	140,000
Bell County Area Vocational Education Center Construction	1,400,000
Bell County Area Vocational Education Center Equipment	320,000
Fleming County Vocational Education Department Equipment	60,000
Cooperative Vocational Education - Project 40	206,200
Learning Centers	162,500
Vocational Education Program Planning, Region 14	23,000

Enterprise Development

Pike County Gasification Project	500,000
Richmond Industrial Park	300,000
Laurel County Industrial Site - Rail Spur	17,500
Rockcastle County Industrial Site	82,500
Ashland Water System Improvements	900,000
Shelby Valley Water District - Industrial Site Water Supply	120,000
Corbin - Tri-County Industrial Park	600,000
Burkesville Water District - Industrial Site Water Supply	140,000

Health

Mountain Trails Health Plan, Inc.	1,195,268
Big Sandy/FIVCO EMS	39,200
ALCOR Consumer Education	19,450
Health Resources Development Institute, Inc. (HRDI)	150,000
Primary Care Centers in Vanceburg and Grayson	208,160
Primary Care Services in Fleming County Hospital	266,770
Tri-Cities Primary Care	150,000
Knott County Primary Care	144,445
St. Claire Medical Center Home Health	30,000
St. Claire Medical Center Primary Care	244,752
Hazard Family Health Services	33,400
East Kentucky Health Systems Agency	150,000

Housing and Community Development

Kentucky Appalachian Housing Program	$2,233,240
Stanford Water Systems Improvements	175,000
Garrard County Water - Phase II	100,000
Winchester Area Sanitary Sewers	120,000
Estill County Water District - Phase III	65,000
Jackson County Water Improvements	260,000
Corbin Water Improvements	200,000
North Rockcastle Water District	45,000
Cumberland Water Improvements	300,000
Leon-Hitchins Water District	125,000
Sharpsburg Water Improvement**	202,000
Southside Water District	200,000
Hazard Water Plant Expansion	130,000
Jackson Water Plant Expansion	200,000
Jenkins Water Plant Expansion	200,000
Tunnell Hill Water Extensions	145,000
Adair County Water System	657,716
Monroe County Water	180,000
Prestonsburg Water Plant Expansion	100,000
Water Gap - Bull Creek Water Expansions	165,000
Magoffin County Water District	150,000

Transportation

London-Corbin Airport Improvements	65,000
Hazard-Perry County Airport	200,000

Projects Proposed for Other Funding

Local Development District Programs 1. Gateway 2. Lake Cumberland 3. Bluegrass 4. Cumberland Valley 5. FIVCO 6. Kentucky River 7. Big Sandy 8. Buffalo Trace 9. Barren River	672,000
Areawide Action Programs	142,500

projects proposed (continued)

Bluegrass Regional Industrial Development Specialist	$ 37,500
Community Development Technical Assistance Liaison	30,000
Corbin - Tri-County Industrial Park - Primary Access	717,000
Rockcastle County Industrial Site - Primary Access	537,000
Black Joe Housing Site Access	105,000
Letcher County Housing Site Access	105,000
Leslie County Housing Site Access	210,000
Breathitt County Housing Site Access	350,000
Perry County Housing Site Access	350,000
Knott County Housing Access	210,000
ARC Transportation Investment Impact Analysis	75,000
SULF-X Stack Gas Scrubbing Process	7,500
Family Health Care, Inc., Technical Assistance Services	3,014

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	63	$17,568,645
Other Funding	30	3,551,514
TOTAL	93	$21,120,159

STATE OF MARYLAND

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 3
Population (1975): 213,700
Population change (1970-1975): 2.1%
Employment (1975): 79,900
Unemployment rate (1975): 9.9%
Per capita income (1974): $4,659
Per capita income as percent of U.S. level (1974): 85.5%
Per capita income growth (1970-74): +40.5%

Appalachia Maryland is the smallest State area in population and land. Its modest income levels and slow growth differ greatly from the high income levels and rapid growth in the metropolitan "heart" of Maryland. The western counties had significantly higher unemployment rates in 1975 than the Hagerstown area to the east, and while Garrett County in the west had high population growth (about 8 percent and low-income levels, Allegany County had the highest unemployment rate (15.9 in 1975). While manufacturing employment declines, service industries and trade gained rapidly; in Garrett County with its resort and recreation areas, all sectors grew, resulting in a 38 percent growth in employment (1970-1974) while the Cumberland area lagged (+7 percent) and the Hagerstown area gained by 13 percent.

Plan Objectives, Needs and Priorities

Maryland has submitted a 1977 Supplement to the FY 1975 Plan-of-Record. These two documents serve as the basis for the State's 1977 Investment Program. The 1975 Plan and the new Supplement cover a wide range of physical, human, environmental and economic planning concerns for the three Appalachian counties. The general economic problems of Western Maryland revolve around three major deficiencies: a poorly developed transportation network, a slow-growth economy dominated by several large older industries, and a lack of sewer and water facilities to accommodate existing and new development.

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The State had ranked six major program areas according to program emphasis. These broad regional priorities were developed to indicate the degree of relative emphasis to be applied to the development program regardless of specific Federal or State grant program assistance. In order of priority, they are: enterprise development, transportation, community development, housing, human development (health, education, child development, elderly), and natural resource conservation.

The Supplement sets forth a number of objectives. The enterprise development program will focus on industrial site development assistance. Major emphasis is placed on the completion of the Appalachian development highway in Maryland and major improvements to county and municipal roads as a complement to the industrial park development programs. Other area needs such as the development of rail spurs, sidings and modern passenger rail terminals and improvements to the region's airports are identified. While not in the FY 1977 Investment Program, these needs appear to be important long-range development objectives. The third priority program area, community development, places major emphasis on the need for public utilities, with cultural facilities and recreation of secondary importance. Public administration, office space, police and fire protection needs are also noted. The State's housing program will be aimed at expansion of rehabilitation efforts, adoption and enforcement of local housing codes, expanding the supply of low- and moderate-income units, and establishment of public housing agencies and programs. The Plan notes that nearly one-half of the region's total housing deficit is in the Hagerstown regional growth area. Health and child development program emphasis is addressed to increasing the supply of physicians and dentists in rural areas, improving programs in child health care, home health care and health care for the elderly. Health education programs need to be expanded as well as providing more attention to mental and environmental health efforts. Education improvements are needed in manpower development, adult education, curricula, counseling, teacher training, special education and programs for the disadvantaged. Education evaluation efforts need to be improved and consideration will be given to the use of the ATS-F Satellite for farmers, industry and government. Day care centers need to be expanded in Western Maryland, along with improving existing centers, and strengthening family counseling efforts. A range of service objectives to the elderly population are discussed, including health, housing, recreation and transportation. Finally, a number of objectives and strategies are set forth in the Supplement concerning resource conservation. They include maintaining water quality, protection of scenic waterways, reassessing air quality control approaches, reassessing State land management policies, protecting prime agricultural land and enforcing mine reclamation standards.

To respond to priorities that reflect specific ARC programs, Appalachia Maryland's overall planning strategy consists of three basic thrusts: effective utilization of ARC funds, development of a planning document that also will meet the requirements of the Federal Economic Development Administration, and to ensure to the extent possible, a mix of investment resources which will develop combinations of funding for any particular project. Complementing these strategies, the State's eight growth area boundaries remain unchanged for the geographic concentration of investments. The Supplement, however, provides criteria for designation of special development opportunity areas. The "Upper Potomac" area, where several new coal mines are opening, creating approximately 1,250 new mining jobs is the first in the State to be given this designation.

To maximize the benefits of such investments and to ensure efficient allocation of public funds according to need, the State will continue to utilize the project evaluation system set forth in the 1975 Plan. Projects will be evaluated on the basis of cost-efficiency, i.e., relative impact of a project in terms of income or employment, growth area being served, degree of needs being met and, finally, the extent to which a project meets planning objectives.

Comments

The 1977 Supplement meets the requirements of the Appalachian Regional Development Act and the Code. The data base of the 1975 Plan and Chapter III of the 1977 Supplement presents a clear, concise statement of Western Maryland's problems and needs. The State's system of project priorities and project evaluation in Chapter IV of the Supplement also provides the basis for a very useful format for development planning policies. A weakness of the Supplement, however, is a failure to include a strategy statement that identifies those specific goals and objectives upon which the State will concentrate its limited ARC financial resources. The strategy statement, then, would provide a "sense of direction" for the current funding program.

It is recommended, however, that approval of the 1977 Supplement be conditioned that no FY 1978 educational investments may be made with ARC funds for either continuations or new projects until an evaluation has been made of past ARC education investments. The evaluation results should be included in the 1978 Plan document and a new statement of measurable goals and objectives for the education program should be drafted based on the evaluation. The Supplement, moreover, does not address the Commission's ability-to-pay requirement but it is presumed that ability-to-pay will be evaluated on a project-by-project basis as in past years. It should be noted, however, that the review of general funding patterns contained in the 1977 Investment Program indicates a strong dependence on ARC funding for most of the projects seeking maximum Federal funds. This policy should be reconsidered by the State. A new Plan for FY 1978 will be prepared.

Investment Program

The Maryland Development Plan for FY 1977 indicates a growing concern with the economic and employment climate in Appalachia Maryland. This concern is shown in the State's Investment Program by the emphasis given to the development of the areas prime industrial sites through projects for water/sewer facilities and access roads. In addition, the economic viability of the major growth areas is being enhanced through the upgrading of basic facilities, particularly water and sewer.

In education, the staff continues to stress the upgrading of the educational system. However, staff cannot determine toward what goals the educational program is directed, what the present situation is in relation to those goals, and the progress which has been made in the past. The education program is basically an operations program, as is also the case in health.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Education	27.4%
Health	24.4
Child Development	4.2
Physical and Community Resources	44.0
Others	0
	100.0%

Remarks

The FY 1977 Investment Program indicates a severe over-dependence on ARC funding in the Tri-County Appalachian area. While the Plan stresses the need for efficient utilization of resources and the achievement of a good mix of ARC and other Federal, State and local funds, the current program exhibits the opposite trend. A measure of this can be seen by the fact that in the area of education, projects in the fifth, sixth and even seventh year of operation are still requesting 100 percent of ARC funding. The dependence extends to all program areas and has the final result of seriously limiting the scope of the program by limiting the number of projects which can be assisted. It is urged that a re-evaluation of the funding requests in the current program be undertaken before the individual projects are submitted to the Commission.

Investment Program Fiscal Year 1977

The project proposals listed below are contained in the State Investment Program for 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ARC Funds
Community Development and Housing	
Hagerstown Junior College Assembly Building Overrun	$ 88,854
Interstate Industrial Park Water and Sewer Development	84,000
Mexico Farms Sewer System Development	4,300
Mexico Farms Water Main Development	12,500
Frostburg Route 36 Industrial Park Water Development	17,494
Frostburg Route 36 Industrial Park Sewer Development	26,303
Central Garrett Industrial Park Utilities Development**	52,200
Franklin Industrial Park Sewer System Development	17,940
Franklin Industrial Park Water System Development	34,600
Allegany County Housing Project	96,000
Bowling Green Water Distribution System	267,000
Hagerstown Sewer System Rehabilitation*	53,150
Hagerstown Water Pollution Control Plant*	260,000
Winchester/Cash Valley Road Water System*	290,700
Corriganville/Ellerslie Water System*	365,000

Community Development and Housing (continued)

Gorman Water System**	$ 68,400
Oak Ridge Wright Road Pumping Station (approved)	50,240
Hagerstown City Park Restoration**	387,324
Washington County Museum Improvements**	58,758
Kitzmillerville Water system*	287,100
Washington County Halfway STP Improvements*	58,160
Bedford Road Water District System*	429,000
McCoole Sewerage System*	174,350
Deer Park Water System**	157,500
Clear Spring Drainage**	370,280
Brinker's Run Storm Drainage*	83,200
Hancock Water Supply Improvements*	103,620
Southeastern Washington County Community Service Center	120,000
Brook Lane Psychiatric Center Waste Water Treatment Facility*	136,000
Eckhart Mines Water Main Extension*	425,600
Remote Base Station Site Development Revision*	11,829
Northwest Central Area Neighborhood Rehabilitation	60,750
Allegany County Housing Project*	96,000

Education

Instructional Equipment - Office Education	17,000
Instructional Equipment for Vocational Education Program	33,000
Library Resources - CSC - Career Studies Center	41,250
Technical Extension Service Small Business and Industry	44,000
Cooperative Work Experience Coordinator	15,100
Placement Service, Allegany Community College**	28,575
Vocational Training Director	19,170
Development and Implementation Short Term Occupational Programs	112,000
Seminars/Workshops for Conservation of Resources by Educational Institutions	44,000
Staff Development Consortium	90,700
Improvement of Data Management and Instruction by Computer Sharing with Allegany Community College	40,460
Career Seminars for Women	8,400
Educational Outreach and Programmed Learning to Assist Adult Basic Education	18,100
Reading Skills Development Project	9,454

Education (continued)

In-Service Education for Faculty and Administration in Secondary Schools	$ 65,000
Return to Industry for Career Faculty	14,203
Improved Reading Skills of Junior-Senior High School Students**	23,350
Community Services Program Coordinator	19,607
Allegany County Comprehensive Career Development Center	1,840,000
Vocational Cluster Exploration Laboratory - Continuation	58,820
Career Vocational Clusters Laboratory - Continuation	17,986
Supervised Student Learning Center - Continuation	19,068
Career Counselor - Continuation	14,501
Family Aide Program - Continuation	44,278
RESA Administration and Operations - Continuation	80,000
Developmental Education - Continuation	65,038
Developing Essential Reading Skills in the Vocational Education Program of Allegany County - Continuation	19,546
Career Development Services Placement Through Community Resource, Washington County - Continuation*	37,790
Institute for Small Business - Continuation*	71,252
Associate Career Counselors in High Schools - Continuation	35,020
Radiologic Technology Clinical Supervisor - Continuation	16,632

Health

Southern Washington County Primary Care Center*	99,000
Allegany County Health Centers, Construction and Operation*	351,080
Seton Clinic, Allegany County*	83,600
Memorial Hospital Rural Health Association Program - Allegany County**	48,680
Garrett County Health Department Center	800,000
Partial Care Program, Washington County	25,170
Emergency Mental Health Services, Allegany and Garrett Counties*	68,000
Massive Cardio-Pulmonary Resuscitation Training Program	33,125
Washington County Health Department Overrun	11,218
Friends Aware Mental Health Facility Expansion*	200,000

Health (continued)

Driving While Intoxicated, Allegany County - Continuation	$ 9,610
Appalachian Activity Center - Continuation	89,586
ARC Project Administration - Continuation	73,266
Western Maryland Dental Disease Prevention - Continuation	75,000
Activity Center for Mentally Retarded - Crossroads - Continuation	55,000
Tel-Med Community Health Education System - Continuation	37,000
Driving While Intoxicated, Washington County - Continuation	14,192
Mental Health Technology Program - Continuation	28,697
Appalachian Regional Occupational Therapy - Continuation	86,033
Preventive Health Services for Pre-school Children, Garrett County - Continuation	161,000
Grantsville Health Center Service Expansion - Continuation	17,500
Regional Preventive Health Service for School Children - Continuation	119,445
School Health Education for Appalachian Maryland - Continuation	108,271
Interstate EMS Consortium - Continuation	40,000

Child Development

Maryland Child Development Program - Continuation	450,000

Projects Proposed for Other Funding

Local Development District Program Tri-County Council	97,000
Interstate Industrial Park Access Road	245,000
Mexico Farms Access Road, Phase I	98,000
Mexico Farms Access Road, Phase II	165,900
Frostburg Route 36 Industrial Park Access Road	133,700
Mt. Aetna Road Bridge**	665,000
Franklin Industrial Park Access Road	67,200
Frostburg, Midlothian Road**	525,140
Pangborn Boulevard Extension	71,141
Hagerstown Airport Industrial Park Access Road	490,000
Statewide Economic Development Plan*	28,500

Feasibility Study for Coal Processing Plant	$ 25,485
Energy Research for Minerals and Enterprise Development*	70,000
Hagerstown Industrial Park Site Feasibility Study*	60,000
Hagerstown Municipal Light Plant Feasibility Study	24,000
Allegany County Intergovernmental Study Commission**	20,000
Storm Runoff Management Study	37,500

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	89	$10,815,188
Other Funding	17	2,823,566
TOTAL	106	$13,638,754

STATE OF MARYLAND

APPALACHIAN INVESTMENT PROGRAM

ABSTRACT FOR FISCAL YEAR 1977

ADDENDUM

The following proposals for inclusion in the FY 1977 Investment Program were received March 14, 1977, and have not been reviewed by the staff.

Additions	Estimated ARC Funds
Dental Health Auxiliary Education	$ 49,800
Frostburg College Mine Subsidence	800,000
Cumberland Area Labor Management	44,500

STATE OF MISSISSIPPI

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 20
Population (1975): 446,500
Population change (1970-1975): 6.7%
Employment (1975): 168,400
Unemployment rate (1975): 9.1%
Per capita income (1974): $3,528
Per capita income as percent of U.S. level (1974): 64.8%
Per capita income growth (1970-1974): +45.1%

Appalachia Mississippi is predominantly rural, with the lowest per capita income but the highest rate of income growth (per capita) in Southern Appalachia. Over 40 percent of all employment (and of 1973 manufacturing jobs) is located in the four urban counties, but the growth rate for employment was slightly less rapid in these areas than in the rural counties generally. Appalachia Mississippi employment increased very rapidly in 1970-1974; this growth was concentrated in manufacturing and trade, with service industries growing about one-half as rapidly. However, the labor force and the number employed decreased, and the unemployment rate increased in 1975 due to the recent recession. Population has increased much more rapidly in the 1970s; net out-migration has ceased and about one-third of the 1970-1975 population increase came from in-migration.

Plan Objectives, Needs and Priorities

Mississippi's 1977 State Appalachian Development Plan provides the basis for its development strategy. The planning process and the Plan directly involves the three LDDs which are entirely within the Region as well as the fourth LDD which has only one county in the Region. They provide analysis of their problems, needs and goals and identify priority activity areas. LDDs are continuing to work toward the establishment of an areawide development planning process and Areawide Action Programs. Appalachian investments are made in a series of 14 well-distributed growth areas classified as either primary (Corinth-Iuka-Booneville, Tupelo, Columbus-Starkville-West Point and Holly Springs) or secondary (nine areas). This year, two new areas were added in a new governmental services center category.

Mississippi's Appalachian strategy continues to place emphasis on concentrating ARC investments in those areas that will be impacted by the Tennessee-Tombigbee Waterway while simultaneously developing and implementing programs designed to promote economic stability throughout the 20-county region. This will involve: (1) a series of investments in the road network adjacent to the waterway to provide continuity and traffic flows; (2) community facility investments in communities likely to be directly impacted by waterway development and, to balance this, development in smaller communities with growth potential and in growing fringe areas around larger population centers; and (3) a range of investments designed to upgrade and improve the region's education and health care service delivery systems.

Primary emphasis in terms of dollar investments will be placed on housing and community development. In the water and sewer systems program, in addition to the general priority for the Tennessee-Tombigbee Waterway impact and fringe-area development, priority will be given to areas where a public health hazard exists and to rural consolidation projects. Solid waste programs will be encouraged in those five counties lacking services. In order to aid the construction of new housing units for low- and moderate-income facilities in areas where shortages exist, an Appalachian housing revolving loan fund will be established and technical assistance will be provided to local public and nonprofit housing organizations.

In the education program, which receives the next priority in terms of proposed expenditure, emphasis will be shifted to operational programs such as demonstration reading and math programs, adult vocational training, and a job opportunities information and referral system in an effort to build upon the State's previous investments in education facility construction. The health program will concentrate in primary and preventive health care programs for communities identified as having high infant mortality or health care access problems. Construction activities will be limited to facilities designed to support primary health care delivery. Secondly, planning efforts will concentrate on identifying and focusing health service investments in these priority areas. During 1977, Mississippi will conduct an in-depth analysis and evaluation of the State's child development program and investments in this area will consist entirely of continuations with no new programs initiated until the evaluation is complete and institutional problems at the State and local levels have been resolved. It is proposed to initiate a program in enterprise development using ARC State demonstration grant assistance to develop an institutational base which can be used to carry on a program including the development of industrial sites and lands and the provision of technical assistance.

Comments

The 1977 State Development Plan provides an acceptable base for fiscal 1977. In most program areas, it contains realistic and measurable program goals and objectives based on documented needs and in a number of areas provides specific project selection criteria. In general, investment strategies are designed to respond to the needs and carry out the objectives. However, several major issues must be addressed for Fiscal 1978 and several points need refinement and clarification. Efforts should be continued to improve needs data, measurable objectives, and project investment criteria in those program areas where they have been included in the 1977 Plan and to develop them in areas where they are lacking. As indicated in the staff review and comments, immediate attention should be directed to the necessity to identify more specific housing needs and to develop housing program objectives for potential activities being initiated by the Mississippi Division of Housing Coordination. Future plans, in discussing overall Appalachian investment strategies, should provide the rationale for concentrating investments in certain program areas while providing lesser emphasis to other areas. Strategies for the new enterprises development area need to be more fully developed with an indication of the needs that are to be met by the proposed program activities. If it is intended to make investments in higher education, policy for this part of the education program needs to be clarified. The health componenet would be strengthened if there was specific references to the State Plans for Social Security Titles V, XIX and XX.

Although the growth area designation methodology is excellent, it does not go below the county level and indicate how the actual boundaries of growth areas were arrived at. Also, there is no policy regarding the investments to be made in the newly established governmental service center category of growth areas. The description of the State Appalachian planning process is preliminary and, as experience is gained and decisions are made, additional detail regarding the assignment of responsibilities and the relationship of the Appalachian development planning process to functional planning and to the coordinating role of the new Office of Planning Coordination should be provided. Similarly, detail will be needed regarding the procedures for the participation of the local development districts in the Appalachian development planning process and particularly in developing Areawide Action Programs. Finally, the relationship of the Appalachian priorities and strategies to functional plans of other State agencies would be clarified by the inclusion of brief summaries of the functional plan priorities and strategies with a clear cross-reference to the exact source of additional details.

Investment Program

Mississippi's FY 1977 Investment Program is consistent with the State's objectives to improve the region's education and health care delivery systems and to provide essential basic community facilities such as solid waste and water and sewer systems in areas identified as having significant growth potential, but especially in smaller hinterland communities.

A significant departure from past investment patterns is the increased emphasis on education operating programs. These programs apparently are designed to enhance and build upon the State's previous investments in facility construction.

Education and community development proposals together comprise 64 percent of those projects identified against Mississippi's FY 1977 area development allocation. Child development continuations comprise another 13 percent, while health investments, including continuations, total 23 percent.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Child Development	12 %
Education	29
Enterprise Development	1
Housing and Community Development	35
Health	23
Others	- 0 -
	100 %

Remarks

The Fiscal Year 1977 Investment Program is consistent with Mississippi's Plan objectives, strategies and investment priorities. Although some programmatic concerns have been cited in the staff review of indivdual projects, these most likely will be resolved by the submission of additional information with the actual project applications.

Investment Program Fiscal Year 1977

The project proposals listed below are contained in the State Investment Program for 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ARC Funds
Child Development (all continuations)	
Choctaw Family Day Care Program (Webster County Industrial Home-Based Child Care Program)	$ 75,717
Rural Kemper County Child Care Program	22,481
Northeast Mississippi, Tippah-Alcorn Counties	15,763
Oktibbeha County Industrial Day Care Center	34,364
Wren Child Development Center	59,295
Lee County Child Development Center	41,350
Monroe County Child Development Program	68,934
Clay County Preschool for Developmentally Delayed	36,151
Choctaw Indian Family Education Project	35,014
Combined Community Child Development Services	163,000
Union County Home Reach	74,371
Lowndes County Day Care Program	18,125
Benton County Early Childhood Educational Center	40,237
Itawamba County Child Development Program	53,592
Institute of Community Services - Home Start Program	23,688
Okolona Child Development Center	15,530
Franklin Center for Infants & Parents	72,367
State Child Development Administration & Technical Assistance	214,551

Education

Itawamba Junior College's Community-Based Learning Resource Center (continuation)	$ 115,000
Three Rivers Regional Education Service Agency (continuation)	28,550
Three Rivers Career Education Program (continuation)	200,000
Mississippi Appalachian Manpower Consortium	297,462
Itawamba Junior College Data Processing	120,000
Northeast Mississippi Junior College Data Processing	80,000
Golden Triangle Regional Education Service Agency	221,000
Reading Demonstration Project for Appalachia	100,000
Itawamba Junior College Multi-Purpose Building	1,120,000
Lowndes County Vocational Technical Center Expansion	90,000
East Mississippi Junior College Data Processing	80,000
Pontotoc Vocational Technical Expansion-Overrun	43,376

Enterprise Development

Petrochemical Industry Feasibility Study**	50,000

Housing and Community Development

West Point Water and Sewer	450,000
Tippah County Industrial Park	150,000
Byhalia Water and Sewer*	180,474
Starkville Water and Sewer	57,000
Yellow Creek Port Water System	300,000
Mississippi Appalachian Housing Development Program Expansion	367,100
Mississippi Appalachian Housing Development Program	500,000
Marshall County Solid Waste Program	153,346
Saltillo Water and Sewer Expansion*	60,000
Tippah County Solid Waste	153,346
Potts Camp Water and Sewer*	125,000
Mantachie Sanitary Sewer System	204,000
Holly Springs Water and Sewer Expansion*	105,000
Golden Triangle Solid Waste System - Overrun	13,381
Kemper County Park	30,000
Itawamba County Solid Waste Equipment	72,000

Health

Primary Health Care Lift, Inc. (continuation)	12,000
Methodist Senior Services (continuation)	40,000
Gilmore Regional Perinatal Care & Training Center (continuation)	200,000

Health (continued)

Mental Health Services for School Age Children (continuation)	$ 57,192
Mental Health Complex Five Satellite Centers (continuation)	54,211
Regional Rehabilitation Center - Staff Additions (continuation)	43,966
North Mississippi EMS System Demonstration	75,000
Aberdeen-Monroe County Hospital*	320,000
Winston County Health Center*	192,000
Golden Triangle Regional Medical Center*	1,000,000
Regional Rehabilitation Center - Overrun	4,267

Projects Proposed for Other Funding

Local Development Districts Programs 1. Three Rivers 2. Golden Triangle 3. Northeast 4. East Central	245,000
Areawide Action Programs	60,000
Regional Enterprise Development Program	75,000
Lowndes County Vocational School - Motley High School - Golden Triangle Access Road	564,700
Golden Triangle Industrial Park Access Road	283,500
Corinth-Alcorn County Industrial Road - Overrun	315,000
Shiloh - Buckingham Access Road*	368,844
Pleasant Hill Access Road*	500,000
Michigan City - Early Grove - Tennessee State Line Access Road	230,020

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	58	$ 8,574,221
Other Funding	14	2,642,564
TOTAL	72	$11,216,785

STATE OF NEW YORK

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 14
Population (1975): 1,079,100
Population change (1970-1975): 2.1%
Employment (1975): 422,400
Unemployment rate (1975): 8.6%
Per capita income (1974): $4,822
Per capita income as percent of U.S. level: 88.5%
Per capita income (1970-74): +32.5%

Appalachia New York has about 70 percent of its population concentrated in the seven counties from Binghamton to Lake Erie along the Pennsylvania border; virtually all population growth (1970-1975) has gone into the other seven counties bordering the Finger Lakes and extending east into the Catskills (a rapid increase of 8 to 9 percent). Employment stagnated in the southern area from 1970-1973, with a 5 percent increase in 1973-1974; in the lake and mountain area it grew by 10 percent (1970-1974). In 1975, the labor force increased but the number of employed persons dropped, causing a rise in unemployment reaching 10.6 percent in Cattaraugus County. Manufacturing jobs showed the sharpest decline in the region (helped by the disastrous Agnes storm floods of 1972); gains in services, local government, and trade were modest, barely offsetting the losses in industry in 1970-1973. Per capita income relative to the U.S. average has declined from 92 percent of the U.S. average in 1970 to 89 percent in 1974.

Plan Objectives, Needs and Priorities

New York's FY 1977 Plan is a further, but significant, update of its FY 1972 Plan-of-Record. Although it was originally proposed that a totally new Plan would be prepared for 1974, this did not materialize. The Plan update does represent a significant advance over the submission for 1976, although it still requires major improvement for 1978.

The 1977 update provides for primary and secondary growth areas and "other" growth areas, as identified in the 1972 Plan-of-Record. In addition, the update provides for corridor development for areas

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adjacent to Appalachian Corridor "T" and Interstate Highways I-90, I-81, I-88 and I-390. Investments in these areas must meet the same criteria as investments in "other" growth areas. An addition to the Plan is a provision for investments in areas which may qualify as special development opportunities. The Plan update identifies six types of situations where such special opportunities may exist: retention of employment; proximity to natural gas, quarry and agricultural development; adequate housing; recreation development; impact on growth areas; and social and human resources development.

New York has a principal objective of retaining existing jobs (especially manufacturing) and creating new jobs. All investments are rigorously evaluated against these two objectives by the development districts and the New York State Department of State.

New York identifies nine program areas for emphasis with programmatic goals and objectives based on analysis of each area. These areas are energy, employment, recreation and culture, tourism, community facilities, human services (health, education and child development), transportation, agriculture and housing.

Plan updates are provided for health, education and child development. The 1977 health component, which is in a developmental stage and subject to changes and further refinements, is in accord with requirements of the ARC Code. The child development component represents a significant update and a new Plan will be submitted for FY 1978. While generally satisfactory, the Plan fails to justify the needs for a multi-disciplinary project proposed for Cortland, Tioga and Schulyer counties. The education component, which is an update of New York's previous five-year Plan, and still is adequate for the FY 1977 Investment Program.

Comments

While New York's 1977 Plan update represents a major advance and a good level of input from the three development districts, the Plan still has shortcomings. A better base of relevant statistical data is mandatory for the FY 1978 Plan, together with an analysis of such data to support New York State goals and objectives. While the data base for this 1977 update is only marginally acceptable for many types of investments, it is satisfactory with the clear understanding that significant improvements will be expected in the new FY 1978 Plan. The 1978 education component must address detailed staff comments, giving particular attention to clear goal-oriented and well-coordinated investment strategy. Detailed staff comments relating to the FY 1977 update must be addressed within the 1978 Plan or be addressed as a separate submission either prior to or simultaneously with submission of the 1978 Plan. Of special importance will be an analysis of job losses, including geographic specificity, reasons for job losses and positive actions needed to retain jobs. The same degree of detail will be expected regarding creation of new jobs. Such analysis is needed if the primary and secondary objectives of New York economic development is job retention and creation.

Staff review of New York's 1977 Plan update indicates it is approvable as a base on which the State's 1977 Investment Program can be implemented, with the following conditions:

1. The Plan provisions labeled "Investments Outside of Growth Areas" should be amended to conform to the ARC Code Section 200A-4.1--Growth Areas and Special Development Opportunities proposed for adoption.

2. If the State intends to submit a multi-disciplinary child development project in Cortland, Tioga and Schuyler counties, as described in the implementing Investment Program, then the Plan must be amended to provide more complete data as identified in the staff review and comments.

Investment Program

The major program area for investments in New York's Investment Program is community development. This is entirely consistent with the State's primary concern for job retention and job creation as detailed in the FY 1977 Plan supplement. The area of human services (health, education, and child deveopment) also received major emphasis, although the vast majority of funds for human services were in the category of health. In addition, over $1 million is requested for both housing and arts and crafts projects.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Education	4.0%
Health	30.8
Child Development	6.8
Physical and Community Resources	51.8
Others	6.6
	100.0%

Remarks

The Fiscal Year 1977 Investment Program is generally consistent with New York's Plan priorities. However, while the Plan stresses job retention and job creation, the Investment Program gives evidence of little attention to the manpower development aspect of the employment picture as shown by the fact that only 4.0 percent of funds requested are for education. It is now possible that manpower development could play an important role in training and retraining for jobs in Appalachia New York.

The Investment Program in its entirety requests more than $40 million in ARC funds against an allocation of less than $8 million. It is suggested that an increased effort at the LDD and State level to screen projects be encouraged in the FY 1978 Program.

Investment Program Fiscal Year 1977

The project proposals listed below are contained in the State Investment Program for 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

Community Development and Housing	**Estimated ARC Funds**
Kirkwood Industrial Park	$ 135,000
Hornell PUD Land Acquisition	180,000
Chadakoin Industrial Revitalization	275,000
Sidney Airport Industrial Park	438,120
Salamanca Industrial Park	395,000
Olean Water and Sewer Improvements*	168,000
Franklinville Industrial Park*	200,000
Hobart Industrial Park (III)	374,000
Norwich Water System	183,000
Olean Water Wells	290,000
Erwin Sewer and Water System*	499,000
South Cortland Water Supply*	30,000
Waverly Water Supply	400,000
Olean Water Supply (III)*	245,000
Olean Water Wells (III)	350,000
Riverside Water System (III)*	315,000
Cuba Village Water System (III)*	200,000
South Dayton Water Supply (III)**	333,600
Village of Belmont Water System	200,000

Community Development and Housing (continued)

Wayland Sewage	$ 230,000
Cattaraugus County Wastewater Demonstration (III)**	133,840
S. Central Chatauqua Lake Sewer (III)*	442,160
Sherbourne Sewate - Phase II (III)*	85,837
Warner Dam	700,000
Big Flats PUD - Open Space and Recreation*	45,000
Chautauqua County Industrial Solid Waste*	240,000
Dunkirk Pier Renovation*	308,000
National Road Racing Museum*	185,000
Watkins Glen Storm Drainage (III)*	25,000
Hornell Community Center (III)	500,000
Cortland County Solid Waste (III)	325,000
Mayville Pier Improvements (III)**	11,000
Dunkirk Neighborhood Revitalization (III)	150,000
Dunkirk Urban Renewal (III)**	325,000
Steele Memorial Library (III)*	3,040,000
Millport Housing Sanitation	250,000
Catherine Subdivision Site Improvements	33,040
Jamestown Owner/Builder Site Development	35,000
Senior Citizen Housing	297,760
Housing Development - Education Foundation	100,000
Integrated Housing & Site Development	365,400
Big Flats Mine Reclamation*	640,000

Education

Multi-Occupational Learning for People with Special Educational Needs - Broome/Delaware/Tioga BOCES	52,300
New Economic Process - Chatauqua County	81,840
Basic Learning Skills Laboratory for Occupational Education Studens - Jamestown Community College	74,625
Steuben County Community Based Education for Upgrading Manpower Resources	172,208
Career Education for Southern Tier West	130,441
Pre-vocational Skills Development for Children with Handicapping Conditions - Broome/Delaware/Tioga BOCES	94,861
Education Planning for Southern Tier West	40,000
Economic and Employment Education Model - Broome County	73,525
Keeper of the Western Door - Cattaraugus County	59,548
Western New York Extension for Wine and Grape Industry - Alfred Ag. & Tech. College*	41,500
Upgrading Welding Equipment for Schuyler/Chemung/Tioga BOCES	12,919
Expansion and Equipment Upgrading for Andrew Haynes BOCES	73,474

Education (continued)

Learning Web - Coordination of Mentors - Tompkins County**	$	13,905
Hospital Training Consortium - Delaware and Ostego Counties*		73,250
Appalachian Communities Extension - Tompkins/Tioga/Cortland BOCES*		437,280

Health

Rural Ambulatory Care Overrun	(approved)	9,460
NY-PENN Emergency Medical Services		93,746
Deposit Area Health Center		196,130
Little Valley Health Building		100,263
Tri-County Primary Care*		289,540
Groton Community Health Center		138,550
Cherry Valley Community Health Center		58,719
Cattaraugus Extended Home Care		89,939
Delaware County Public Health Nursing		39,616
Ambulatory Care Services Centralization and Coordination - Broome County		236,000
Tompkins County Hospital - Ithaca**		2,161,845
Jamestown General Hospital*		1,200,000
Westfield Memorial Hospital**		300,000
Schuyler Hospital Long-Term Care**		800,000
Downtown Neighborhood Health Facility for Ithaca		254,375
Emergency Ambulance Service - Johnson City		32,000
Emergency Ambulance Heartmobile for Union, Broome County		9,400
Rural Health Management - Continuation		150,000
Cortland County Expansion - Continuation		318,780
Steuben Home Care - Continuation		40,000
Tioga Home Care - Continuation		25,944
Chautauqua Rural Health - Continuation		209,000
Cortland Home Care - Continuation		20,807
Primary Care Monitoring - Continuation		209,337
Family Nurse Practitioner - Continuation		103,627
Canaseraga Primary Care - Continuation		93,481
Geriatric Primary Care - Continuation		62,528
Improved EMS Communications - Continuation		29,912
N. Steuben Primary Care - Continuation		98,770
Allegany Mobile Health - Continuation		30,000
Chemung County County Home Care - Continuation		80,000
Primary Care for the Elderly - Continuation		118,175
Comprehensive Rural Health Maintenance - Continuation		60,000
Tompkins County Family Medicine - Continuation		310,280
Chenango Home Care		29,315

Child Development

Child Development Monitoring		$ 299,991
New York Migrant Child Care	(approved)	89,747
Dunkirk Day Care		46,000
Together House*		61,635
Multi-Disciplinary Outreach*		58,035
Wellsville Child Care		27,158
Comprehensive Child Care - YWCA		42,300
Mobile Park Parent Education		118,440
Salamanca Day Care		73,323
Early Childhood Education for Handicapped - Continuation		138,357
Training Program Early Childhood Development - Continuation		5,623
Olean Day Care - Continuation		20,621
Cattaraugus Speech & Hearing - Continuation		28,550
Cortland County Child Development - Continuation		67,000
Pre-School for Handicapped - Continuation		38,384
SLOT - Continuation		5,900
Children's Place - Continuation		17,350
Delaware Maternal Care - Continuation		71,424
Child Health Eastern Steuben County - Continuation		12,762
Delaware County Child Health Clinic - Continuation		35,100
Infant Care and Resources - Ithaca - Continuation		50,000
Tompkins County Child Development Package - Continuation		52,410
Allegany Child Health Conference - Continuation		13,535
Chenango County Head Start - Continuation		95,958
Steuben County Program Teenage Parents - Continuation		24,420
Westfield Day Care - Continuation		49,005
Tompkins County Dental Health Service - Continuation		16,873
Rural Education Pre-School Children - Continuation		100,000
Comprehensive Visual Care - Continuation		2,289
Pre-School Transportation - Continuation		24,853
Schoharie Training Program - Continuation		25,628

Projects Proposed for Other Funding

Employee Stock Option	5,000
Education Program Review	30,000
New Economic Process	37,530
Revitalization of Corbett*	45,000
Chatauqua County Business Extension*	80,000
STW Energy Resource & Development Analysis	45,000
Village of Alfred CBD*	10,000
Chautauqua Amphitheatre Study	7,500
Alternate Energy Research Center	118,500
Self-Sufficient Housing Rehabilitation	25,000
Planning Workshops	9,973
Citizens Unlimited - Rural Housing*	57,660

Tarbell Farm Museum	$ 19,000
Socio Medical Research	48,132
Otsego School Planning*	19,935
New York Arts & Crafts Marketing	275,000
Cultural Development & Enrichment	50,000
Art Farm Craft Guild**	231,489
Operation Boot Strap*	123,994
Quality Products by Chencraft**	15,233
Economic Self Help Drilling	250,000
Chautauqua County Rural Public Transportation	84,000
State Evaluation and Monitoring	30,000
Local Development Districts and Areawide Action Programs	228,000
Millstreet Bridge Access Road* (FY 1976 Holdover)	89,600
Salt Point Road Access Road*	226,800
S. Chautauqua Industrial Park Access Road	1,750,000
Hornell Industrial Site Access Road	630,000
Falconer Industrial Access Road*	60,900
Lake Boulevard Reconstruction Access Road**	280,000
Tioga Park Recreation Access Road**	210,000
Erwin Crosstown Collection*	200,000

Priority Level IV — NO REVIEW HAS BEEN PREPARED FOR THESE PROJECTS

Comprehensive Child Care - YWCA	42,003
Training Relevant to All Institutional Needs	91,148
Visual Learning (Education)	16,000
Early Childhood - The Susquehanna School - (Binghampton) - Continuation	13,459
STW Telecommunications Van	88,000
Expanded Occupational Education Project for Non-Traditional Students - Continuation	33,600
Mobile Park - Parent Education Program	118,440
Jamestown Artisan Center	191,750
Appalachian Consortium Training	250,000
Olean Infant/Toddler Care	14,130
Expanded Home Care - Chautauqua	80,000
Individualized & Cooperative Education - Alfred	228,024
Hospitality Training Center	517,600
Upgrading Veterinary Program - Delhi Ag. & Tech.	68,000
Human Services - Criminal Justice	211,330
Rural Mental Health Training Program	54,686
Rural Mental Health Training	48,123
NY-PENN Primary Care Administration	66,092
Computer Education - Chautauqua BOCES	133,471

Priority Level IV (continued)

Mobile Vision Clinic	$ 100,710
Greenhouse - Delhi Ag. & Tech.	69,160
Family Crisis Prevention	68,320
Millbrook Watershed	328,016
Senior Citizen Housing - Homer	297,860
Cultural Development & Enrichment	50,000
Art Farm Guild of Northern Appalachia	231,389
Rural Ambulatory Care Review System	94,942
Information and Referral - Broome County	144,550
Rehabilitation - Allegany State Park	1,000,000
Expansion & Upgrading of Little Valley BOCES	203,200
Waste Water Facilities Project - Village of Sherman	88,837
Village of Bolivar Waste Water	160,000
Rehab. Water Supply - Unadilla	247,000
Update of Electronic Education Data Processing System — Schuyler/Chemung/Tioga BOCES	52,910
Media Center for Schoharie BOCES	45,125
Parenting Skills Program	12,065
Whitney Point Sewerage	139,400
Improvement of Waste Water Facilities of Scioto	252,000
Allegany County Museum Video Tape Project	13,650
City Hall Renovations - Dunkirk	80,000
Salamanca Sanitary & Storm Sewer	256,000
Hurlbut Pre-School Transportation	8,750
Improving Career Counseling of High School & Two-Year College Students	35,222
Information & Referral - SUNY - Alfred	27,517
Developing a Cooperative Driver's Ed. Range	170,000
Occupational Program Expansion at Wildwood Steuben/Allegany BOCES	94,004
Occupational Program Expansion at Coopers	58,008
Health Sciences Renovation - Broome Community College	535,200
Quality Products by Chencraft	15,223
Expansion & Improvement of Hospital Services-O-Connor College	150,000
Photographic Equipment Tech. - Jamestown Community College	42,980
College of Nursing & Health Care - Alfred	80,000
Blacktopping of Driveways - Chautauqua BOCES	128,000
Crisis Prevention Outreach Team	121,527
Salvation Army Community Center	6,850
Home Based Child Development - Schuyler County	73,527
Comprehensive Health New Career Development	98,000

Priority Level IV (continued)

Emergency Medical Services - Delaware County Council	$ 66,000
Schoharie County Clinic	86,900
Improving the Instruction of Sciences through an In-service Center - Cattaraugus BOCES	500,000
Bowmaker Pond	15,050
Chenango County Family Practice - Continuation	67,087
Chadokoin Park	240,000
Community Center Complex	519,400
J.M. Murray Center	222,883
Association for Retarded Children	437,000
Expansion of Chemung Work Development Center	30,000
Schoharie Association for Retarded Children	47,400
Cafeteria Food Service - Chemung County	60,000
Randolph Children's Home	95,716
Old Blenheim Bridge	1,800
Flood & Drainage Correction - Crooked Brook	100,000
The Gathering Place Expansion	24,500
Project Parent Awareness	65,000
Education for Parent and Child Development	84,042
Initiating a Program for the Education's Gifted	214,856
Patterson Library - Handicapped Access	80,000
Educational Service for Adults	64,500
Chautauqua County Airport Safety	700,000
Equipment Updating - Chautauqua BOCES	54,204
Chemung County Children's Diagnostic Clinic	102,710
Route 30 Historic Corridor	2,400
Otsego School Work Adjustment	232,360
Integration & Execution of Human Services	48,204
Equipment Purchase for Word Processing - Schuyler/Chemung/Tioga BOCES	20,520
Cortland County Expansion of Health Care - Continuation	11,204
Otsego School Industrial	148,073
Cattaraugus Pre-School Screening Project	100,344
Hancock Sewer	265,000
Cuba Hospital Storage Area	20,000
TC3 Training & Outreach Program	37,875
Rural Parent Cooperative Pre-School Project	74,540
Chenango County Courthouse	75,000
Housing Development Education - Alfred	100,000
Operation Bootstrap	123,994
Integrated Housing & Site Development Program	365,400
Cortland Memorial Hospital	172,000
Family Practice Medicine & Primary Care	227,805

Priority Level IV (continued)

Establishing a K-12 Diagnostic Center - Cattaragus BOCES	$ 136,400
Psycho-Social Vocational Evaluation Services	73,537
Emergency Crisis Housing - Chautauqua Oppor.	40,000
Day Care for the Elderly	76,466
Carroll Water Supply Improvements	92,000
Acquisition of 4-Wheel Drive Fire Apparatus	20,000

NOTE: Unless otherwise indicated, all projects listed above are in New York's Priority Level I and II, and have been reviewed by the staff. Level I and II projects are those for which it is anticipated that sufficient funds will be available to New York either through allocations or recoveries to provide the necessary funding. Priority III proposals are now considered to be Back-ups, and have also been reviewed; however, Priority Level IV projects are listed under a separate heading by name and dollar amount only. No review has been performed on Level IV projects.

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	130	$25,202,302
Other Funding	30	4,263,530
TOTAL	160	$29,465,832

STATE OF NORTH CAROLINA

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachia Data and Development Trends

Appalachian Counties: 29
Population (1975): 1,119,400
Population change (1970-1975): 7.7%
Employment (1975): 473,800
Unemployment rate (1975): 9.3%
Per capita income (1974): $4,504
Per capita income as percent of U.S. level (1974): 82.7%
Per capita income growth (1970-1974): +43.0%

Appalachia North Carolina has both topographic and economic diversity, with the highest mountain summits in the eastern U.S. and counties ranging in 1974 per capita income level from one county above the average (Forsyth) down to 54 percent of the U.S. level (Madison county). Average per capita income in Appalachia North Carolina is the second highest in Southern Appalachia. In 1970-1973, all important economic sectors had relatively rapid growth; employment in service industries and trade increased at more than twice the rate of manufacturing growth even though the latter grew substantially (8 percent) over this period. Unemployment rates (1975 averages) varied: the highest levels were in the rural mountain counties of southwestern North Carolina; the lowest in Polk county (6.0 percent). Some of the mountain counties, especially Watauga County (Boone) have had rapid population growth.

Plan Objectives, Needs and Priorities

The State of North Carolina has continued to use its FY 1973 Plan-of-Record, North Carolina Statewide Development Policy, as the basis for Appalachian program investments. Revisions, updates, and amendments, however, have been made to the FY 1973 Plan on an annual basis to support new program directions, policy shifts, and priority changes.

The statewide development goal is, "The creation of a network of smaller urban centers which along with the larger cities, can maintain a jobs-people-public services and environmental balance that supports a higher standard of living throughout the State." To assist in achieving this objective, the Plan sets forth a commitment to improve the State decision-making process through greater coordination in planning and through a more structured, coordinated approach to investment decisions. With respect to the former, the Plan identifies the following major duties of the State for FY 1977: the State Development Plan; Areawide Action Plans; and the Regional Development Plan. State staff will be participating in multi-state and multi-county efforts, including developing a new State Development Plan, the Regional Plan and the Areawide Action Programs. Ultimately, the State Development Plan will incorporate priorities and policies derived from the Regional Plan and Areawide Action Programs. With respect to specific investment decisions, the Plan provides a detailed description of the procedures used by the State in developing its annual Investment Program, including meeting with prospective applicants and local development districts to discuss potential projects, reviewing same with relevant State agencies, forwarding priority recommendations to the Governor and submitting completed applications to the Commission for consideration.

As indicated above, the overall objective of the State is to provide its population with a range of viable locational options for residence and work. Therefore, in addition to the continued development of larger urban areas and cities, the Plan recognizes the need to develop clusters of economic activity and services in rural areas. The designation of growth areas is a logical extension of this policy.

The Plan defines two categories of growth centers--primary and secondary. Primary centers include all clusters that are now providing or have the potential to provide a wide range of job opportunities and urban services to persons living in or near the clusters. Secondary centers include all clusters that are smaller and either provide job opportunities or represent a possible base for urban services. This categorization recognizes that not all communities can qualify as growth centers in terms of providing a sustained level of employment opportunities and public services; yet, there are special necessary functions that a community can perform to help achieve balance within the State. This policy, in effect, provides for at least one "growth center" in each county regardless of its potential for future growth.

A complete assessment of facilities and service needs of designated growth centers in each multi-county region has not been accomplished. Until this analysis can be completed, the validity of the order of priorities to meet the State's needs is open to question.

The FY 1977 Plan update presents the current State program investment priorities for child development, education, health and four areas that would be included in the general category of community development: libraries, recreation, solid waste and water supply and waste water disposal. The Plan update does not cover enterprise development, energy, environment and natural resources, transportation (except access roads), or housing. Current program priorities are summarized as follows.

The State's child development program remains essentially the same: the initial phase is in its last year, the second phase has one more year of operation, and no new projects will be proposed for FY 1977. The State's primary objective for the current year is to find alternative funding sources for existing ARC child development projects.

The general thrust of the State's health program is the development of basic health systems, the training of support personnel, the construction of health facilities to meet ambulatory needs, and the support of planning and development efforts.

The education component of the Plan concludes that the State's educational facilities network is generally complete. New Priorities currently emerging are: curriculum assessment and change; reading; vocational counseling and placement; cooperative education; Regional Education Service Agencies; and adult basic education.

The FY 1977 update separately addresses several investment areas discussed in the following that are usually included in community development. Water and waste water disposal needs are identified for eight growth corridors. In addition, the State's LDDs are currently assessing such needs as part of the AAP; those needs will be addressed in detail in the FY 1978 State Plan. The State's solid waste policy is to assist local governments to establish adequate solid waste disposal programs by providing funding for initial equipment purchases, providing that no other funds are available and that a long-range plan for solid waste disposal has been developed and includes provisions for continued long-range funding of the program. Library facilities construction may be funded as a part of overall community development for up to 40 percent of the total construction costs. Finally, the State's recreation goal is to develop a strong State park system and to assist localities to develop recreation facilities and programs which may be justified on the basis of regional benefits to the economy and on the economic return on the investment.

Comments

North Carolina's FY 1977 Plan, with supplemental materials, generally sets forth some program priorities for the investment of ARC funds. In some areas, the Plan provides a rationale for the selection of these priorities, and identifies to some extent, the problems and needs upon which they were based. On the other hand, the information provided does not fully respond to the recommendation adopted by the Commission in February of 1976 that the State complete those planning activities spelled out in previous Plans. Specifically, the recommendation required that the State develop, for FY 1977, programmatic goals, objectives, and investment strategies based upon a complete assessment of facility and service needs of designated growth centers.

Consequently, the State must submit additional Plan information to qualify new projects in the areas of child development, health, transportation (except for access roads), enterprise development, housing, energy, environment and natural resources (except for solid waste). Also, additional information is needed to support research and demonstration projects identified in the State's FY 1977 Investment Program.

ARC has been advised that the new State Administration is committed to developing a complete new State Plan for FY 1978. This would be appropriate, and is a condition to the approval of the FY 1977 Plan.

Approval of North Carolina's FY 1977 State Appalachian Development Plan is recommended with the following conditions:

1. The FY 1977 Plan is acceptable as a transition document until a new development strategy can be prepared for submission in FY 1978; and

2. New projects in the areas of child development, health (except for the Mountain AHEC Rural Resident Rotations project), transportation (except for access roads), enterprise development, housing, energy, environment, and natural resources are to be considered only if the State submits and the Commission approves appropriate Plan amendments for these areas. Solid waste projects are to be considered only if appropriate county solid waste plans developed by the North Carolina Division of Solid Waste and Vector Control are received and approved by ARC.

Investment Program

North Carolina's Investment Program reflects an apparent shift toward greater emphasis on community development investments. Although human resource development still appears to be a high priority, community facility projects such as water and sewer, recreation, solid waste, and library construction make up over 45 percent (in total dollars) of the projects identified against the State's area development allocation. This is an increase of approximately 24 percent over FY 1976.

Education continues to be a high priority with investments being proposed for both secondary and post-secondary systems. As in the past, emphasis appears to be on construction projects, although the FY 1977 program does include one operations request.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Child Development	18%
Community Development	45
Education	18
Health	19
Others	- 0 -
	100%

Remarks

For the most part, North Carolina's Investment Program reflects the priorities set forth in the State Plan. However, because the FY 1977 Plan does not fully substantiate the needs and problems upon which the objectives and priorities for certain program areas were based, and because there is no discussion in the Plan of certain other programs, a number of projects are not considered to be in accord with the Plan. These projects have been denoted by a double asterisk. More detailed information about the problems is available in the staff review upon which the abstract is based.

Investment Program Fiscal Year 1977

The project proposals listed below are contained in the State Investment Program for FY 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ARC Funds
Child Development	
State Child Development Program - Continuation	$1,522,342
Community Development	
Banner Elk Waste Water Facilities	311,000
Drexel Sewer Facilities	32,667
Jackson County Sewer	50,000
Appalachian Way-Huffman Road Fireline	180,000
Chestnut Street Fireline	66,000
Valdese Water Expansion	324,000
Brevard Water Facilities	500,000
Hendersonville Water Improvements	500,000
Jackson County Water Facilities	190,000
Hanging Rock State Park Addition	175,244
Western NC Farmers Market	350,000

Community Development (continued)

Andrews Public Library	$ 160,000
Ashe County Recreation Park	66,780
Morganton/Burke County Library	360,000
Walnut Cove Library	108,000
Region D Solid Waste	238,900
Region E Solid Waste	193,400

Education

Jackson-Macon Vocational Education Facilities (Blue Ridge High School)*	320,640
Reading Center for Teachers	200,000
Surry Community College Learning Resources Center*	500,000
Western Piedmont Community College Education Building*	481,600

Health

Alcohol Detoxification Clinic - Continuation	113,159
Bringing it All Back Home - Continuation	140,508
Governor's Rural Health - Continuation	133,698
Living Expenses for Physicians' Assistants - Continuation	12,069
Mountain AHEC Family Practice Operations - Continuation	135,000
Primary Psychiatric Care Through Family Physicians - Continuation	28,019
St. Swithins Halfway House - Continuation	39,636
Mountain AHEC Rural Resident Rotations	70,000
Alleghany Expanded Primary Care	90,134
Haywood County Hospital**	202,000
McDowell County EMS**	106,065
Mountain Refuge Halfway House**	70,000
Upper Hiwassee Dental Program**	40,947
Mountain AHEC Education Building Equipment**	299,990
Psychiatric Primary Care Emergency Services**	40,340
Regional Rescue Squad Communications Equipment**	24,816

Projects Proposed for Other Funding

Local Development Districts Programs 1. Southwestern (Region A) 2. Land-of-the-Sky (Region B) 3. Isothermal (Region C) 4. Region D 5. Region E 6. Northwest	$ 473,200
Areawide Action Programs	60,000
Burke County Planning and Tax Management System**	85,000
Development of Coincidence and Lead Indicators**	4,000
Development of Solid Waste Recycling Action Plan**	45,000
Morganton Sludge Removal**	33,750
Region D Regional Resource Investory**	20,899
Topographic and Orthophotoquad Program**	94,500
Primary Care Technical Assistance Contracts	1,884
Haywood County Hospital Access Road	105,000
Macon County Industrial Park Access Road	350,000
Haywood County Industrial Park Access Road	140,000
Mitchell County High School Access Road	84,000
Recreation Park at Lenoir Access Road	100,100
Spring Street Connector in Bryson City Access Road	1,260,000
Spruce Pine Downtown Improvement Access Road**	70,000
Watauga County Landfill Access Road	35,000
Western NC Farmers Market Access Road	99,400
Murphy By-Pass Connector Access Road	560,000

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funding
Adjusted Single Allocation	39	$ 8,376,954
Other Funding	29	3,621,733
TOTAL	68	$11,988,687

STATE OF OHIO

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 28
Population (1975): 1,184,000
Population change (1970-1975): 4.8%
Employment (1975): 419,600
Unemployment rate (1975): 10.1%
Per capita income (1974): $4,248
Per capita income as percent of U.S. level (1974): 78.0%
Per capita income growth 1970-1974): +37.0%

Appalachia Ohio — the southeastern hill county and Ohio Valley — contrasts sharply with the rest of the State (which has 80 percent urban population, numerous large metropolitan areas, and 1974 per capita income levels 104 percent of U.S. average). Since 1970, Appalachia Ohio's population has grown more rapidly than any other segment of Northern Appalachia, with roughly one-half of growth from in-migration. Employment has increased rapidly, almost all growth occurred in non-manufacturing sectors: service industries, trade, local government, and mining (which increased its employment by one-third in 1970-1973, reaching over 3 percent of total employment). Per capita income levels have not gained relative to the U.S. despite the economic growth since 1970. Unemployment in 1975 was the second highest level in any Appalachian portion of a state. The highest rates were in the western Appalachian counties between Cincinnati and the Ohio coal fields.

Plan Objectives, Needs and Priorities

Ohio's FY 1977 Plan is a supplement to its 1974 Plan-of-Record. The Supplement, in general, reaffirms Ohio's 1974 goals. In large measure, the 1974 Plan remains applicable pending completion of a new Appalachian Ohio Plan now in preparation and funded in part with an ARC Section 302(b) grant for planning. The 1977 Supplement addresses planning and administration, regional analysis (analysis and updating of natural resources, population, and income data), growth areas, highways and access roads, health, child development, mine area restoration, housing, education, supplemental grants, and a development program. Appalachian Ohio's problems and needs set forth in the 1974 Plan remain critical and 1977 investments will be made as in past years in health, child development, housing, education, public facilities, and highway program areas. No mine area restoration is proposed as State laws are considered adequate to meet environmental problems.

Planning and administrative elements of the Plan reiterate past statements of State/LDD working relationships. Regional analyses include statements regarding energy and transportation and provide some updated information pertaining to population growth, civilian labor force, unemployment, and per capita income for Appalachian Ohio.

The Plan Supplement makes several changes in the State's growth area strategy. Primary and secondary areas have been consolidated into one growth area classification and two potential growth areas (Caldwell and Piketon-Waverly) are added to those identified in the 1974 Plan-of-Record. The previously approved Clermont potential growth area has been expanded into Brown and Adams Counties to reflect the impact of Appalachian Corridor "D".

Program area goals and objectives have not been altered appreciably over those contained in the 1974 Plan-of-Record. Changes made include more emphasis to access road proposals serving industrial and commercial sites, but no investments in mine area restoration. Objectives for housing programs and criteria for selection of housing projects and expansion of housing needs are provided. Additionally, Ohio has given equal priority to investments in water, sewer, health, education, recreation, airports, energy development facilities and industrial land.

Comments

Ohio's 1977 Plan Supplement and the 1974 Plan-of-Record provide an adequate base for implementation of its FY 1977 Investment Program subject to conditions enumerated below. In addition, specific staff comments on the 1977 Supplement must be addressed in Ohio's Development Plan for 1978, or submitted as a separate Plan amendment, with particular attention to be given Citizen Participation and Areawide Action Programs. In general, Ohio's Plan must be brought up-to-date in all areas of program emphasis, including health, child development, and education. Data needs should represent current conditions on a geographic basis, and be used as the base for development of goals, objectives, priorities and strategies. Relationships among agencies responsible for the Appalachian Program need to be clearly established. Approval of Ohio's 1977 Plan Supplement is recommended, with the following conditions: (1) the Caldwell and Piketon-Waverly potential growth areas should not be approved on the basis of incomplete information submitted by the State: (2) new sewer and water projects cannot be approved until the State has clarified its investment strategy for meeting such needs and submitted as a Supplement to the Plan a public facilities study being done under an ARC contract as a basis for such investments; (3) no new enterprise development and industrial park projects shall be approved until the State has submitted, and the Commission has approved appropriate Plan amendments; and (4) the FY 1977 funding of new health projects will be limited to primary care in 13 counties for which documentation has been submitted, and to one health manpower project at Shawnee State College.

Investment Program

The State of Ohio's FY 1977 Investment Program places somewhat greater emphasis than in previous years on investments in community facilities and infrastructure which will develop the State's Appalachian communities so that they may continue to provide a viable environment in which to live and to enhance their potential for future growth. Continued strong emphasis is placed on investments that will improve the quality and quantity of human and social services for Ohio's Appalachian people, particularly in the areas of health and education. All of these investments are for the purpose of attaining Ohio's major goal which continues to be economic development.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Health	36%
Child Development	8
Education	20
Housing and Community Development	33
Energy Enterprise Development	3
Others	- 0 -
	100%

Remarks

The State of Ohio has ascertained for FY 1977 that the most pressing needs to be met continue to be in the areas of health, child development, housing, education, public facilities and highways. For the most part, this determination was accomplished by the State's Appalachian Development Office through interaction with the local development districts and involved State agencies. However, little was done in the way of actually collecting and analyzing new data to check the continued validity of goals and objectives which were first established in 1974. Ohio has indicated that this will be accomplished for all program areas and will be reflected in the State's FY 1978 Plan. In the interim, FY 1977 investments in health, with the exception of a health manpower project at Shawnee State College, must be limited to primary care in the counties of Adams, Athens, Brown, Clermont, Gallia, Highland, Hocking, Jackson, Lawrence, Meigs, Morgan, Scioto and Vinton. Furthermore, clarification of the State's public facility investment policy, as described in comments to the Plan and as it applies to water and sewer projects is needed prior to the processing of any applications. This arises from the fact that a study referred to in the FY 1977 Plan Supplement for a priority ranking of water and sewer systems is not yet final nor has it been received by the Commission. The same study also is to establish priorities for solid waste and park and recreation projects. While elaborating on the State's policies for investments in water and sewer projects, it would be most helpful if the latter two program activity areas were to be treated in terms of any impact by the study since the FY 1977 program contains two solid waste projects and two park and recreation projects.

Investment Program Fiscal Year 1977

The project proposals listed below are contained in the State Investment Program for FY 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ARC Funds
Health	
OVHSF Planning and Administration*	$ 200,000
Community Meals	10,300
Coordinated Outreach Screening	40,000
Definitive Dental Care	9,000
Meigs Primary Care	30,000
Med. Adap. of Microwave to Health Del. (IV)	150,000
Gallia-Jackson-Meigs Outreach Mental Health Service	11,000
Athens-Hocking Prenatal Care	51,200
Ohio Appalachian Health Education Network	463,000
Ross County Ambulatory Services	62,508
Ambulatory Services for Rural Southwest Ohio	138,915
Southern Ohio Health Service Network	49,455
Goshen Family Health Care Program	73,510
Morgan Clinic Speech, Hearing, Language Service	33,720
Gallia Solid Waste Expansion	40,000
Tom C. Smith Health Center	168,000
Primary Care Management System	187,000
Bethesda Hospital/Morgan County Health Center	300,000
Good Samaritan Laboratory Remodeling (214)**	60,000
Athens Ambulatory Care Center (Phase III)	800,000
Outreach Hearing and Speech Services**	32,500

Health (continued)

Carroll County Primary Care Study	$ 15,000
Rural Primary Health Care Project (Omega)**	26,711
Meigs County Public Health Center	180,000
Rural Primary Care Center	400,000
Pike County Family Health Center**	121,600
Athens/Hocking/Vinton Emergency Mental Health Services**	75,000

Child Development

State Child Development Admin. Program	35,500
Coshocton Day Care	34,137
Guernsey Parent Education	13,478
Guernsey Day Care	49,087
Harrison Food and Nutrition	11,419
Holmes Health	41,844
Jefferson Preschool	38,155
Muskingum Health	63,750
Tuscarawas Day Care	65,581
Monroe-Noble	106,494
Tri-County Child Development (Adams-Brown-Pike)	110,069
Health Evaluation	15,000
OVRDC Child Development Staff Training	55,000
Omega Planning and Program Development	75,200
BH-HVRDD Planning and Program Development	40,188
OVRDC Planning and Program Development	58,275
Belmont Day Care*	50,904

Education

Southeast Ohio RESA (SEORESA)	34,722
Ohio Mid-Eastern RESA (OMERESA)	125,000
South Central Ohio RESA (SCORESA)	75,000
OACES - RESA	75,000
Regional Counseling Center (OACES)	91,000
Washington County Career Planning Program	130,580
Adult Vocational Class in Sheep Production	13,522
Tri-County Career Development	356,630
Diversified Health Occupations	60,000
Automatic Modular Sawmill System	112,000
Lawrence County JVS Overrun	300,000
MATC Health Technology Building	400,000
Shawnee State College Nursing Facilities Expansion	226,800

Housing and Community Development

Appalachia Housing Technical Assistance (207)	$ 125,000
Ohio Appalachia Housing Development Fund (207)	100,000
Jefferson County Solid Waste Disposal**	120,000
Washington County Sewer Line Overrun	40,000
Mingo Junction Overrun	100,000
Hillsboro Sewer Collection System Overrun	270,320
Extension of Waterline/Storm Sewer (Athens)**	144,000
Ohio Riverfront Park*	54,600
Mill Creek Sewer**	252,000
Wilkesville Sewer**	115,050
Waverly Water Storage and Dist. Systems Improvement**	140,000
Portsmouth Water Storage and Dist. System Improvement**	200,000
Wellston Raw Water Supply Main**	154,500
New Richmond/Water Works Improvement**	300,000
Emergency Above Ground Water Storage Tank**	33,000
Salt Fork Marina	300,000
Riverside Park Improvements	300,000
Uricheville Twin City Reservoir**	252,585
Gallipolis Water Treatment Plant**	400,000

Energy-Related Enterprise Development

Coal Solid Waste Gasification**	225,000
Coshocton Industrial Park Gas Well Project	65,000
SULF-X Stack Gas Scrubbing Process	1,500

Projects Proposed for Other Funding

Local Development District Programs	184,071
1. Ohio Mid-Eastern Governments Association	
2. Buckeye Hills-Hocking Valley Regional Development District	
3. Ohio Valley Regional Development Commission	
Areawide Action Programs	60,000
OMEGA Regional Industrial Development Specialist	25,000
Industrial Site Selection (Athens-Meigs)**	35,000
Pine Plantation Survey	8,500
Absentee Landowners	12,000
Ohio Appalachian Development Plans and Pol.	30,000
Tennessee-Tombigbee Impact on Ohio's River Ports and Terminals	65,000
New Philadelphia Wabash Access Road**	538,269
Completion of Access Road - Hocking Technical College	155,400

projects proposed (continued)

Old Stone Road (Ross County)	$ 342,800
Replacement of McDermott Bridge	196,000
Benfield Access Road	280,000
East State Street Widening	365,750
Highland Bend Bridge Access Road	659,000
Improvements to Fourth Street**	227,817

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	79	$10,284,859
Other Funding	19	3,184,607
TOTAL	98	$13,469,466

COMMONWEALTH OF PENNSYLVANIA

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 52
Population (1975): 5,932,800
Population change (1970-1975): 0.04%
Employment (1975): 2,266,600
Unemployment rate (1975): 9.0%
Per capita income (1974): $5,004
Per capita income as percent of U.S. level (1974): 91.8%
Per capita income growth (1970-1974): 38.8%

Pennsylvania has the largest population but the slowest rate of growth in the entire Region; this slow growth has persisted for nearly a half century, with massive out-migration in the 1940-1970 period (net total out-migration - 1.4 million). As a result, extensive areas have an older population with death rates higher than or nearly equal to birth rates, and physically aging or old community facilities. This trend in population parallels employment trends. Between 1970-1974, there has been a sharp decline in manufacturing jobs that has been offset by a relatively slow growth in trade, services, local and State government, and mining (a small sector with only 2 percent of total employment). Per capita incomes have been rising above the national average, but by 1974 there were only three counties above the national average compared to five counties above in 1966 (despite the high degrees of urbanization and industrialization). In 1975, only 15 counties out of 52 had unemployment rates lower than the nation. While unemployment was lowest in the heavily populated metropolitan areas, the highest unemployment occurred in the surrounding urban counties.

Plan Objectives, Needs and Priorities

The Pennsylvania Appalachian Development Plan Supplement for 1977 states new and revised policies and provides necessary updating of analysis and data to support an investment program for 1977. Work is going forward to produce a new State Appalachian Development Plan for 1978. In the 1977 Supplement, Appalachian program policy is governed by broad goals and objectives expressed in the State's program budget document and the more specialized expressions in approved State functional plans. Specific goals, objectives and investment policies for the Appalachian program are refinements of, or additions to, the basic policies based on the special needs of the Appalachian portion of the Commonwealth.

The basic Commonwealth goal within which the Appalachian objectives and program investment policies are developed is "to provide a system in which the employment opportunities of individuals, the economic growth and development of communities and the overall economic development of the Commonwealth will be maximized (including optimum use of natural resources to support economic development)."

The housing and community development program receives major emphasis. The basic goal is to provide effective and economical municipal services through the development of regionally coordinated activities. Major deficiencies are identified in the following service areas: sewage systems, water systems, solid waste disposal, health facilities, special training facilities and human resource rehabilitation facilities. The greatest emphasis will be placed on water and sewer projects, recognizing that these facilities are essential to support new growth and development in the areas where they are lacking. The major housing objective is to reduce an acceptable level the percentage of Pennsylvania families living in substandard housing and blighted neighborhoods. Major efforts are concentrated in the areas of low- and moderate-income housing which present the major impediments to the accomplishment of the overall objectives.

The second major area of program concentration is health and child development which will receive almost one-third of ARC investments in FY 1977. Priority will be given to funding primary health care services and linkage programs supporting primary and preventive health centers. Special priorities include service-oriented projects that respond to identified primary health care needs and projects that promote the further development and refinement of the existing network of health centers. The child development program is designed to provide a timely State response to a special high priority preventive health need. A primary goal is to support prevention and early intervention which is one of the most important and cost-effective investments of public monies.

Within the broad framework provided by the State's economic development and health roles, the Appalachian environment and natural resources program incorporates two distinct investment areas: natural resources dealing with mineral resource development and the environment which includes mine area subsidence, fire, and drainage abatement and control. Appalachian natural resource funds will be directly supportive of the Commonwealth's coal development policy to promote sound and sustained growth in bituminous and anthracite production and use in Pennsylvania.

In education, the Appalachian program focuses on vocational training objectives. In particular, Appalachian investments in FY 1977 will be designed to support the goals of constructing vocational-technical schools in areas lacking those facilities, expanding existing vocational-technical facilities where it has been demonstrated that this is the most cost-effective way of training persons for new job opportunities and assisting in the expansion of vocational guidance services through the funding of a continuation of the Counselor Awareness Program.

Comments

The Pennsylvania Appalachian Development Plan Supplement for 1977 meets the requirements of the Act and provides an adequate basis for developing and reviewing 1977 investments, except for an incomplete health component. The health component covers only primary care in medically underserved areas, and only such projects can be approved at this time.

Several points will call for refinement and elaboration during the development of the new Plan for FY 1978. As indicated in the staff review and comments, refinement and updating of the assessment of needs will be necessary for a number of program areas, and additional analysis is needed to relate needs assessment to specific program objectives and strategies.

It is suggested that the State consider identification and the development of programs for training personnel for operating ARC child development programs. The FY 1978 State Plan should provide a rationale for the Commonwealth's policy of concentrating all of its education efforts in the area of vocational education. Some of the long-range education objectives for the Appalachian program appear to be unduly broad. Consideration should be given to developing achievable objectives stated in measurable terms that can be accomplished within a stated time period with available funds.

Additional information should be provided regarding the organizational and policy relationships between the Bureau of Appalachian Development and the Office of State Planning and Development, particularly in connection with the preparation of the Appalachian Development Plan. Also, as work with the Regional Economic Coordinating Task Force proceeds, the details of the Areawide Action Program planning process should be filled in.

Investment Program

Historically, education programs (particularly, vocational education) have been given the major share of non-highway funds, followed by health and child development. Community development investments have received approximately one-fifth of available non-highway funds. The FY 1977 Investment Program reflects a pronounced shift in program emphasis, particularly with respect to community development proposals which should require almost 50 percent of the needed non-highway funds. Health and child development proposals would require about 31 percent as compared to about 36 percent from FY 1976. Proposed investments in natural resources and energy is relatively the same as for FY 1976. Investments in education have again been significantly reduced.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Housing and Community Development	49.8%
Education	4.3
Health (including Section 214 Proposals)	22.6
Child Development	7.8
Natural Resources	8.9
Others	6.6
	100.0%

Remarks

This FY 1977 Plan Supplement establishes priorities for investments in functional program areas. The emphasis is on investments in infrastructure to provide immediate employment impact and long-range development potential. The priorities among and within program areas as they have been established in the FY 1977 Plan Supplement follow the actual historical funding pattern.

The Abstract is based on the detailed staff investment program review. Proposals for which insufficient information is available and which appear to have unresolved problems are discussed specifically in the detailed review.

Investment Program Fiscal Year 1977

The project proposals listed below are contained in the State Investment Program for FY 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ARC Funds
Health	
Smethport Area Primary Health Center*	$ 228,347
Williamsport Family Practice Program-Expansion*	180,000
Eger Center Primary Health Care*	220,500
Northwest Washington County Primary Care Center*	284,226
Mount Union Primary Care Center-Satellite*	190,000
Armstrong County Primary Care Program*	196,880
Altoona Family Practice Program - Deployment**	162,300
Pennsylvania Primary Health Care Association-Technical Assistance	30,000
Juniata Valley Area Medical Center*	100,000
Lilly Borough Health Center (Expansion)*	98,184
Back Mountain Primary Care Center*	129,000
Smithfield Area Health Center*	165,362
Johnsonburg Primary Care Center - Continuation	86,157
Regional Emergency Communication - Continuation	460,818
Cameron County Primary Care - Continuation	146,834
Patton Area Medical Center - Continuation	139,753
Mahanoy Area Medical Center - Continuation	95,490
Minersville Area Medical Center - Continuation	75,870
Family Practice Residency Center - Continuation	146,398
West Bradford (Canton) Primary Care - Continuation	102,413
Health Program Management (LDDs) - Continuation	168,305
Sullivan County Primary Care - Continuation (approved)	21,000

Health (continued)

North Penn - Elkland Primary Care - Continuation	$ 85,002
Benton Area Medical Center - Continuation (approved)	137,358
Shade Mt. Area Medical Center - Continuation (approved)	122,872
Bucktail Medical Center, Clinton County**	260,000
ARC Enterprises, Inc., Warren County**	97,720
Elcam Vocational Rehabilitation Center, Elk County**	200,000
United Rehabilitation Services Facility, Wyoming County**	229,200

Child Development

Mt. Calvary/Missionary Baptist Church Day Care Center	42,000
Cambria County Prenatal Care*	100,000
Serendipity Center Early Learning	128,000
Training Prevention Psychosocial Disorders**	140,053
Shady Lane Child Development	46,460
Carbon County Communalife Day Care - Continuation	73,800
CEMP Prescriptive and Treatment - Continuation	125,807
Centre County Mini-Centers - Continuation	61,802
Cumberland-Perry Early Intervention - Continuation	86,033
Danville Day Care - Continuation	92,097
Greater Erie Comprehensive Child Development - Continuation	90,000
Scranton Early Intervention - Continuation	77,008
Synder County Early Intervention - Continuation	37,665
Unity Institute Child Development - Continuation	120,601
Venango County Day Care - Continuation	72,900
Western Psychiatric Child Abuse and Early Screening - Continuation	108,000
Pennsylvania Monitoring and Evaluation - Continuation	95,000
Valley Child Development - Continuation	36,029
Geisinger Pre-School Multi-Program - Continuation	41,045

Education

Tunkhannock Area Voc-Tech, Wyoming County	198,930
Seneca Highlands Area Voc-Tech, McKean County	450,000
Bradford Petroleum Industry Voc-Tech, McKean County	36,728
Counselor Awareness Program	180,000

Community Development and Housing

Cranberry Township Sewage, Butler County	523,905
Grove City Sewage, Mercer County	432,110

Community Development and Housing (continued)

Jefferson Borough Sewage Adjustment, Allegheny County (approved)	$ 294,150
Lewis Run Sewage, McKean County*	528,000
Marshall Township Sewage, Allegheny County	149,305
South Pymatuning Sewage, Mercer County*	152,609
Union Township Sewage, Lawrence County	226,440
Falls Creek, Jefferson & Clearfield County	251,000
Susquehanna County Solid Waste, Susquehanna County	57,200
Tri-County Solid Waste, Bradford, Tioga & Sullivan Counties	750,000
Rail Training Facility, Blair County	808,000
Carmichaels-Cumberland Water Project, Greene County	292,000
Indiana County Municipal Services Authority, Indiana County**	330,000
Elk Haven Industrial Park, Elk County*	159,900
Johnstown Industrial Park Expansion, Cambria County*	46,400
Pocono Mt. Industrial Park, Monroe County*	267,100
Barkeyville Water, Venango County*	499,600
Butler Area Sewage, Butler County	500,000
Freedom Schools Subsidence Control (Clay), Beaver County	330,000
Lansford-Coaldale Water Project, Carbon and Schuylkill County	550,000
Latrobe Sewage, Westmoreland County	484,000
Penn Township Sewage, Snyder County	73,650
Selinsgrove Sewage, Snyder County	786,445
Spring Township Sewage, Centre County*	390,000
West Branch Area Regional Water Project, Kylertown Interchange, Clearfield County*	438,400
Woodland Interchange Development (Water Line), Clearfield County*	150,000
Center St. Scotland Site Rehabilitation and New Construction	18,200
Bradford Northgate Housing Site Development	27,433
Columbia County Non-Profit Housing Technical Aid	23,500
SEDA Housing Winterization Technical Aid	41,225
Sylvan Acres Improved Dwelling for Altoona Site Grant	59,850
Blair Tower Site Development, Altoona	45,000
Rehabilitation Program Planning Grant Altoona	16,560
Rehabilitation Program Site Development Altoona	18,000
Tioga County Housing Site Development	104,600
Union/Snyder Housing Planning and Site Development	220,000

Energy Development

Can-Do Coal Gasification	1,200,000
Coal Production and Utilization (approved)	124,504

Natural Resources

Upper Tyrone Mine Fire Overrun (approved)	$ 12,391
Upper Tyrone Mine Fire, Phase II	15,753
Pine Ridge Mine Reclamation, Luzerne County	900,000
Freedom Schools Subsidence, Beaver County	330,000
Birdville School Subsidence, Allegheny County	146,788
Centralia Mine Fire, Columbia County	288,750
Scranton Mine Subsidence, Phase II (approved)	41,250
Mt. Carmel Subsidence Overrun (approved)	56,325

Projects Proposed for Other Funding

Local Development Districts Programs	542,000
1. Northwestern	
2. North Central	
3. Northern Tier	
4. Northeastern	
5. Southwestern	
6. Southern Alleghenies	
7. SEDA	
Areawide Action Programs	175,000
Area Transportation Authority, North Central Pennsylvania	24,800
Labor Management Committee, Clinton County (approved)	50,000
Bennett Street Extension Access Road, McKean County*	175,000
Bunker Industrial Park Access Road Phase I, Westmoreland County*	500,000
Clarion County Voc-Tech Access Road, Clarion County*	44,609
Davis Street Recreation Complex Access Road, Lackawanna County**	747,880
Lantz Industrial Park Access Road, Greene County*	385,000
Meadeville Industrial Park Access Road, Crawford County*	140,000
Neville Island Access Road, Allegheny County**	500,000
North Union Township Industrial Park Access Road, Fayette County*	325,500
Reynoldsville Industrial Park Access Road, Jefferson County*	80,269
Steel Valley AVTS Access Road, Allegheny County	341,000
Turnout Lane, Tide Industrial Park, Schuylkill County**	140,000
Westmoreland County Industrial Park Access Road, Westmoreland County*	84,350
Interchange on the South - Cross Valley Expressway (Middle Road) Developmental Access Road, Luzerne County**	991,694
McElhattan Developmental Access Road, Clinton County**	446,437
Route 87 Developmental Access Road Improvements, Wyoming County**	980,000
Tioga-Hammond Lakes Developmental Access Road, Tioga County	518,000

Highway Interchange Study - Interstate 80 - US 15, Union County	$ 15,260
North Central Accelerated Growth Area**	32,000
Department of Community Affairs Assistance	14,000
Interchange 79 Edinboro Interchange Study	17,150
Interchange Development Study I-79 - US 62	10,675

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	98	$20,160,490
Other Funding	31	7,280,624
TOTAL	129	$27,441,114

STATE OF SOUTH CAROLINA

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 6
Population (1975): 726,000
Population change (1970-1975): 10.6%
Employment (1975): 293,900
Unemployment rate (1975): 8.7%
Per capita income (1974): $4,584
Per capita income as percent of U.S. level (1974): 84.1%
Per capita income growth (1970-1974): +41.0%

Appalachia South Carolina contains the most populous metropolitan complex in the State, with a growth rate in the 1970-1975 period just behind the Columbia SMSA, and second only to Georgia in the Region. All six Appalachian counties participated in this growth; Pickens County had the highest rate of population growth, while Oconee County experienced the least rapid growth and Cherokee and Oconee Counties had the highest unemployment rates. Manufacturing gained 12,000 jobs in three years (1970-1973) but service industries and trade grew at higher rates and transportation jobs also increased. With its heavy dependence on manufacturing, and on textiles (nearly one-half of the total), this area experienced a sharp drop in industrial employment in 1975, with unemployment rising to a peak of 15.0 percent in Oconee County; recovery has been sluggish and labor force growth has kept unemployment relatively high.

Plan Objectives, Needs and Priorities

A number of the problems in Appalachia South Carolina have been related to heavy dependence on a single industry — textiles and textile-related enterprises. More recently, increasing diversification of the economic base has taken place and, as a result, the emphasis in the basic goals and strategies has shifted. While basic investments will still be made in the construction and equipping of facilities, there will be a new emphasis on the utilization of such investments already made and increased efforts will be devoted to the development and funding of operating programs and demonstrations. The

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objective will be to make the best possible use of the district's natural human and physical resources without detriment to the environment so that the residents can gain maximum benefits from the district's development and the diversification of the economic base. Water and sewer, air transit, and other transportation investments will continue to be concentrated within the designated growth areas centering on the three major urban centers (Spartanburg, Greenville and Anderson) with the addition of the Gaffney area along the Interstate 85 Corridor in a northeast-southwest direction through the area. In terms of proposed investments, major emphasis, with priorities in descending order are: education, health, child development and physical and community resources, including enterprise development.

The basic concern in the education program continues to be the development of job-related vocational and technical training. However, the emphasis in vocational education has shifted toward the funding of operating and demonstration projects to make use of previous investments in construction and equipment. There is a new emphasis on broader education demonstrations designed to foster economic development such as programs to improve basic literacy skills, programs for the handicapped, dropout prevention, pre-vocational and career education, and consumer education. As in previous years, priorities for health investments are prevention, primary care, and health manpower. The approach taken to these three major program thrusts is broad. In prevention, the focus is on ways to alter the influence of factors causing specific diseases and on citizen education. In primary care, the major concern is insuring the capacity for primary care in many alternative forms with an accompanying emphasis on family practice residency programs to supply primary care physicians. In manpower, the objective is to assure the availability of a full complement of trained health manpower. Child development programs have emphasized preschool education and day care facilities which, along with regular educational programs, provide the initial contact for more comprehensive health, educational, and social services for children and their families.

Because of the direct support that air service provides for the Region's economy and the need to meet increased demand for general aviation, support will be provided for airports. The access road program will be broadened from last year's concentration of funds on one highway to support for several access roads into industrial parks. Finally, in the transportation area the possible use of funds to support public mass transportation is anticipated. Because of the need for increased capacity to provide necessary water facilities and services as efficiently as possible, priority will be given to funding coordindated water ventures and the consolidation of water systems to avoid investments in the expansion and improvement of basically inefficient systems. The Plan includes strict criteria for such support. Priority will be given to waste water facilities projects which are ruled eligible for funding under the 1972 Federal Water Pollution Control Act, as amended.

The focal point of the South Carolina housing effort in the district has been the South Carolina Appalachian Housing Development Corporation which was created in 1970 to stimulate the production of low- and moderate-income housing. Appalachian Programs have been used to provide technical assistance and planning and front-end project costs. Although considerable progress has been made within the Region in providing solid waste management programs and facilities, there still remains needs for some basic equipment. A study is proposed to determine the feasibility of processing solid waste for use as a primary and supplemental fuel source. A new direction is identified in establishing an enterprise development program to undertake research, planning, technical assistance, and coordination in support of an increased institutional capacity.

Comments

The 1977 State Development Plan is in general accord with the provisions of the Code and provides an acceptable base for fiscal 1977, although it does not fully satisfy the newly adopted Code sections dealing with health and child development (Sections 203C-1.2 and 1.4). It was indicated in the Commission's approval of South Carolina's FY 1976 Plan that the program objectives in the Plan should be refined and sharpened by stating them in measurable terms, with identifiable periods of time for completion, and a clear sense of priority. This general comment is still applicable.

Supplementary material for the health program was provided after the initial submission of the 1977 Plan. However, in the future greater consideration should be given to the main programmatic thrusts of the health chapter in the Code, particularly for underserved areas, in developing health priorities. This matter and other recommendations for the 1978 Plan are discussed in the Staff Review and Comments and Addenda. In the child development area, objectives need to be more closely related to identifying needs and there should be a clearer geographic delineation of needs for specific services.

Additional recommendations for the continuing planning process include the following. In the child development program, there should be an emphasis on specialized planning efforts and increased coordination to minimize fragmentation and duplication of services and a continued refinement of the designation of underserved need areas for particular services. The priorities for the broadened non-vocational education demonstration projects need refinement and redefinition. The proposal for establishing a revolving loan fund for the construction of long-term moderate-income housing should be refined and placed more clearly in the context of the Appalachian housing program including a housing fund. A clearer statement regarding the relationships between district Appalachian planning and programming and that of State agencies to indicate the ways in which the State agencies are drawn into the Appalachian planning process is needed. As the Section 208 and 201 water quality management planning and the new HSA health planning process are established, a clearer indication of the relationship between those planning efforts in Appalachian planning should be provided, including an indication of how Appalachian priorities and policies are related to the others. Finally, the policy development relationships between the proposed AAP planning process and the Appalachian State development planning process should be established, including a description of the provision for public participation.

Investment Program

The State of South Carolina's order of investment category priorities for FY 1977 is: (1) education; (2) health; (3) child development; and (4) physical and community resources. Enterprise Development has been added as a sub-category under the fourth priority. FY 1977 investments in enterprise development are mostly limited to technical assistance with particular emphasis being placed on supporting the State's new community readiness program called "Great Town". The goal of this program is to improve the economy of rural towns by equally distributing industrial activities and career opportunities for the State's people.

Operating programs in the areas of education, health and child development continue to gain in importance over facility investments. Under physical and community resources, water pollution control and water system improvements receive the greatest emphasis.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Education	28%
Health	29
Child Development	21
Physical and Community Resources	22
Others	- 0 -
	100%

Remarks

The Fiscal Year 1977 Investment Program is generally consistent with South Carolina's Plan priorities. The demonstration and technical assistance proposals are the most difficult to relate to strategies and priorities of the State's Appalachian Development Plan because, in a number of cases, the basic identification of needs which the projects are designed to assist in meeting are lacking.

Some programmatic concerns have been expressed about certain other individual projects. It is anticipated that most of them will be resolved by the submission of additional information with the actual project applications.

Six of the 118 projects identified have been singled out as requiring additional information to clarify issues raised about their relationship to Commission policy. The precise nature of the problem is set forth in the staff comments upon which the Abstract is based. One continuation child development project has apparently received five years of support; the first three years as a component of a health project and the last two as a child development project. Audit information will need to be provided to demonstrate otherwise. The project is the Preschool for Developmentally Disordered Children at the Charles Lea Center.

The Parks, Recreation and Tourism Water Lines project does not appear to serve a growth area and, hence, is in conflict with Commission policy. Some elements of the project also appear to conflict with policies set forth in the State's Appalachian Development Plan.

The project proposals listed below are contained in the State Investment Program for 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ABC Funds
Education	
R.E.S.A. Operations	$ 72,212
Charles Lea Operations	50,000
Basic Literacy Labs	103,620
Pre-Vocational Demonstration	189,260
Economics Education Labs	8,617
Operation D.E.T.A.I.L.S.	41,550
Golden Strip Vocational Equipment	142,819
Cherokee County Drop-Out Prevention	177,139
Economic Education, "Money & Jobs"	39,987
Greenville County Basic Literacy	39,168
Trade & Industrial Teachers' In-Service Education	128,139

Education (continued)

Education Satellite Project	$ 15,000
Continuing Education for Adult Deaf and Blind	48,710
School Management	50,000
Tri-County Technical College Laboratory/Classroom Building Construction	700,000
Greenville Technical College Classroom Building	500,000
Spartanburg Technical College Learning Resources Center/Classroom Construction	420,033
Greenville TEC Faculty and State Development Consortium	151,980
Career Development Consortium	69,871
Greenville TEC Campus-Wide Equipment	152,000
Tri-County TEC Campus-Wide Equipment	67,638
Spartanburg TEC Campus-Wide Equipment	71,444
Tri-County TEC Vertical Articulation	120,000
Anderson School District #5 Drop-Out Prevention Program	73,630

Health

Patient After Care & Referral-Spartanburg	22,850
Interdisciplinary Health Education Corps-Cherokee	23,074
Patient Education & Discharge Planning-Greenville	65,245
Anderson Family Practice Residence	244,913
Diabetic Teaching Program	47,595
EMS System	150,000
Health Line Regional Health Education System	53,000
Maternal & Child Health Project-Anderson	172,040
Allied Health Continuing Education Grant - Greenville TEC	23,198
Ladder Concept Nursing Program, Greenville TEC	65,700
Adult Activity Program Continuation & Expansion, Charles Lea Center	58,927
S. C. Appalachian Health Program Development Project	40,000
Genetic Education, Teaching and Evaluation Program - Anderson County	13,382
Genetic Education, Teaching and Evaluation Program - Greenville County	20,042
Genetic Education, Teaching and Evaluation Program - Spartanburg County	18,506
S. C. Appalachian Chemical Waste Disposal Demonstration Program	66,000
Dental Health Education and Prevention Project	37,712
Maternal, Infant and Child Health Services - Cherokee County	55,700

Health (continued)

Medical Ambulatory Care Services for the Elderly	$ 72,907
Area Health Education Center Program Expansion - Spartanburg & Cherokee Counties	71,476
Greenville Hospital System Internal Medicine Residency	250,000
Family Planning Expansion - Anderson & Oconee Counties	19,586
Family Planning Expansion - Greenville & Pickens Counties	69,799
Rural Communities Based Health Education, Prevention and Treatment Services	135,160
Willard B. Mills Center for the Multihandicapped*	500,000
Early Detection of Cardiac Disease Program	83,390
Nutrition Education and Counseling Program	22,175
Family Health Nurse Clinic	65,865
Carolina Medical Center Renovation & Expansion Program	80,760
Comprehensive Child Health Care - Greenville & Pickens Counties	94,483
Vector Control Services - Greenville County	63,905
Home Health Care Expansion Project - Anderson & Oconee Counties	75,905
Home Health Care Expansion Project - Greenville & Pickens Counties	68,995
Appropriate Care for the Elderly	100,000
Health Education Services and Primary Care Extension	20,242
Habilitative Services Building - Cherokee*	160,000
Adult Activities Center for Greenville*	22,618
Coordinative and Counseling Services for the Mentally Retarded*	57,710
Greenville General Hospital Primary Care Center	131,784
Nurse Externship Program	31,312
Supportive Life Program for Adult Psychiatric Patients*	115,975
Help-Line Health Information and Referral System	45,853

Child Development

Pickens County Child Development Center	149,677
Clemson Child Development Center, 3-5	53,045
Anderson Shcool District #1 Child Development Center	90,029
Preschool for Developmentally Disordered Preschool Children**	48,213
Clemson Infant and Toddler Program	37,735
Early Childhood Program for Gifted and Talented	52,216

Child Development (continued)

Family Day Care Homes - Satellite Day Care to State Kindergarten	$ 74,277
Coordinator of Volunteers Project	23,610
Anderson School District #1 Extended Day Kindergarten Program	26,101
Anderson School District #5 Extended Kindergarten Program	54,516
School District of Greenville County Extended Day Kindergarten Program	187,492
Cherokee County School District #1 Extended Day Kindergarten Program	86,377
School District of Oconee County Extended Kindergarten Program	135,171
Comprehensive Emergency Services Components for Preschool Children - Greenville County	53,953
Project ADOPT: Permanency through Adoption for Preschool Children with Special Needs	74,242
Anderson 5 Network of Family Day Care Homes	81,167
Cognitively Oriented Learning Materials for Parents of Exceptional and 3-5 Year Old Children	51,583
Comprehensive Child Development Center for Children 3-5 (Spartanburg School District #1)	134,636
Infant/Toddler Motivation with Parent Preparation and Reinforcement Program	143,701
Comprehensive Child Development Center - Greenville Technical College	282,136
Piedmont Community Actions, Inc., Child Development	49,009
CEC-Care, Education and Counseling	23,442
PAT (Parents as Teachers)	6,611
Language Awareness and Reading Readiness Program	35,060
Special Services for Severely Socially and Emotionally Handicapped Preschool Children	135,785
Parenthood Training for Teenagers	5,230
Comprehensive Evaluation and Education of Developmentally Disabled Preschool Children	180,120
Program for Physically Handicapped Children Ages 0-6 with Emphasis on an Effectiveness Training Program for Parents	74,339
Comprehensive Child Care Center for Greenville Hospital System Employees and Students	232,396

Physical and Community Resources

Regional Housing Technical Assistance	38,122
Fairforest Waste Treatment Plant	41,932
Lawson Fork Waste Treatment Plant	35,074

Physical and Community Resources (continued)

Gaffney Water Lines	$ 322,500
Rural Greer Water Lines	248,978
Greer Highway 14 Water Lines	206,197
Gaffney Water Plant Improvements	197,500
Enoree Water Line Expansion*	51,040
Oconee County Waste Treatment	594,250
Parks, Recreation and Tourism Water Lines**	300,000
Gaffney Waste Treatment Plant	268,500

Projects Proposed for Other Funding

Local Development District Program	180,500
South Carolina Appalachian Council of Governments	
Areawide Action Program	30,000
Peoples' Market Arts & Crafts Demonstration (single allocation)	159,899
Clemson Solar Energy Housing Demonstration (single allocation)	50,000
Regional Enterprise Development Program	29,025
Greenville County Energy Management Program	48,750
S. C. Arts Commission Arts & Crafts Demonstration	156,500
Regional Fire Study	15,668
City of Spartanburg Industrial Park Market Survey	15,000
Energy and Materials Recovery - Management Assistance	25,000
Anderson County Industrial Park Access Road	735,000
Oconee County Industrial Park Access Road	350,000
Pickens County Industrial Park Access Road	612,000

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	108	$12,277,307
Other Funding	10	2,041,513
TOTAL	118	$14,318,820

STATE OF TENNESSEE

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 50
Population (1975): 1,870,200
Population change (1970-1975): 7.8%
Employment (1975): 719,800
Unemployment rate (1975): 8.8%
Per capita money income (1974): $4,234
Per capita income as percent of U.S. level (1974): 77.7%
Per capita income growth (1970-74): 44.5%

Appalachia Tennessee has had widespread population growth: only 11 counties show slow growth (less than region average) while 32 counties had rapid growth (+7.7 percent or more in 1970-1975); total amount of population growth (135,700) in 1970-1975 was second only to Appalachia Georgia. All economic sectors are gaining employment; most rapid are: trade and local State government (about 20 percent increase in three years), followed by services and manufacturing (13 percent and 9 percent, respectively). Trade and manufacturing gained most rapidly in the 20 Central Appalachian counties, while service industries did better in the Southern Appalachian area with its large regional centers and a level of urbanization twice that in Central Tennessee. The unemployment rates varied widely with very high unemployment (12 percent or higher) in 16 counties and low rates (under 7 percent) in the five southern counties primarily in the regional centers, reflecting the dynamism of the metropolitan areas.

Plan Objectives, Needs and Priorities

For FY 1977, Tennessee has submitted Supplement I: 1976-77 to the basic Plan of FY 1976. The Supplement elaborates on policy and strategy statements contained in the 1976 Plan and continues to focus on those development strategies and programs that have maximum direct influence on increasing jobs and income. An overriding strategy is to make investments that support industrial development and community facilities and services necessary to maintain development momentum.

The five broad goals contained in the 1976 Plan and continued in the Supplement are:

1. Continuation of broadening and strengthening the economic base to maximize personal incomes and to minimize unemployment;

2. Promotion of employment opportunities within commuting distance of the citizens of Appalachia Tennessee;

3. Encouragement of a greater mix of employment opportunities emphasizing high technology - high wage industry;

4. Stimulation of the expansion of existing industry and attracting new industry; and

5. Achievement of economic development without sacrificing the quality of the environment.

In implementing its Appalachian Development Program, Tennessee's basic general policy is to concentrate investments in areas which serve projected or experienced potential for growth. Highest priority is given to projects directly supporting the creation of new jobs or supporting community facilities in urban areas. Metropolitan centers are given highest priority for investments to encourage region-serving activities that can most efficiently be provided for a regional center. The State also anticipates special development opportunities which may occur as the result of new situations; for example, in energy development outside a designated growth area. The Plan Supplement sets forth specific eligibility criteria for investments in such locations.

Tennessee has clarified its program strategy by classifying program emphasis into major or minor categories. Major emphasis is placed on nine development programs: industrial sites, water systems, sewer systems, highways, local and development access roads, primary care, child development, local development districts and enterprise development. Minor program emphasis is given to: solid waste systems, airports, vocational education construction or training programs, health facility construction or non-primary care services delivery, libraries, higher education construction and non-vocational equipment, mental health construction, tourism, recreation construction, housing, and Regional Educational Service Areas.

The State has confined its new health program initiatives to the development of a number of primary care clinics serving medically underserved regions. Performance standards are provided to determine those projects which have the greatest potential for financial viability.

The Supplement updates the basic child development Plan developed in 1973 in a number of areas. The State's enterprise development program comprises industrial site development, industrial recruitment, applied research and technical assistance, financing, aid to existing industries, and technical assistance in community development and preparation. The State will not propose major investments in education except for possible funding of two Regional Education Service Agencies.

Comments

Tennessee has satisfied the conditions on last year's Plan concerning the inadequacy of a data base for program objectives. The Plan now provides clearly stated measurable objectives. The Plan Supplement also elaborates the basic policy and strategy statements of the approved Plan-of-Record and consolidates the various strategies scattered throughout that basic Plan in a more meaningful presentation. The Supplement also addresses recent trends in non-metropolitan counties. Tennessee has restated the five broad goals of the FY 1976 Plan which provided quantification of objectives and data as the basis for the development of those objectives. Such quantification is not extended to minor program areas; however, for these program areas, Tennessee has developed four sets of unquantified criteria for evaluation of projects which could arise as meaningful contributions to the overall basic program thrust for FY 1977. For minor program area proposals for FY 1977, it will be necessary to have a basic need assessment for each proposed project in view of the requirements of Section 225 of the Act.

The Plan Supplement does not discuss Tennessee's Areawide Action Program. The Supplement would be greatly strengthened by discussion of its importance to the planning process. Although it is not discussed in the Supplement, Tennessee has undertaken the development of a procedures manual for establishing a regional planning and development process for all nine local development districts of the State of Tennessee. As a process, the manual would go significantly beyond growth center review and project identification. Although the Supplement itself does not address the subject directly, the Commission is aware of the ongoing efforts in Tennessee to institutionalize the process and that it is addressed to the concerns expressed in the FY 1976 Abstract. It is recommended that Tennessee discuss the Areawide Action Program and procedures manual in its next Plan submission or Plan Supplement.

While the information provided for support of several Section 302 research and demonstration proposals has been included in the State's Investment Program proposals, it is suggested that the FY 1978 Plan submission give consideration to development of a State research strategy aimed at strengthening the program development and planning process. Finally, the State will use its 1976 procedures for measuring ability-to-pay.

Investment Program

Tennessee's FY 1977 Investment Program priorities follow very closely the basic emphasis of its Plan. Economic infrastructure programs, human resources development and institutional development activities constitute the basic thrust of the Program. The most notable aspect is the very specific concentration on investments to support industrial development, as reflected in the concentration on water and sewer systems serving industrial development and industrial site development activities. These areas alone represent program funding needs in excess of $12.9 million in ARC funds. The second order priority is human resources development. The funding needs for new health and child development activities and support of funded operational programs total $3.9 million in ARC funds. The balance is distributed among several lower priority program areas. The industrial site, water, sewer, health and child development proposals represent funding needs constituting over 87 percent of area development allocation requests. Proposals for funding from resources other than the State's area development allocation for FY 1977 again reflect a strong emphasis on activities to support the basic objectives of industrial development. In comparison to earlier years, Tennessee has significantly reduced investments in educational program activities.

Tennessee's FY 1977 Investment Program consists of 114 project proposals of which 66 are new projects.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Health	9%
Child Development	13
Vocational Technical and Other Education	1
Communtiy Development and Housing	76
Energy, Environment and Natural Resources	1
Others	-0-
	100%

Remarks

Tennessee's major investment proposals are consistent with the FY 1977 Plan priorities. Proposals for demonstration, technical and research assistance likewise relate very closely to the Plan's investment objectives for industrial development.

The bulk of investments proposed for community infrastructure investments to support the industrial development objective as well as the industrial site proposals appear to be dependent on the provision of Section 214 basic assistance. Those requests will require conformance to the provisions of Sections 214-2.2(b) and 214-2.5 of the ARC Code.

The industrial site development proposals, with the exception of the Valley Industrial Park and Fentress Industrial Park proposals, do not identify the projects' relationship to designated growth centers. These projects are noted in the Abstract as requiring additional information.

Projects to be submitted by Tennessee which fall into the minor program emphasis areas will require a basic needs assessment to conform to the requirements of Section 225 of the Act.

Programmatic concerns have been noted with respect to several projects. The precise nature of all problems are set forth in the detailed staff comments in the Invesment Program review upon which the Abstract is based.

Investment Program Fiscal Year 1977

The project proposals listed below are contained in the State Investment Program for 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program

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Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ARC Funds
Community Development and Housing	
Monroe County Industrial Park*	$ 819,000
Valley Industrial Park	276,000
Campbell County Industrial Park*	571,000
Rutledge Industrial Park*	360,000
Union County Industrial Park*	242,000
Fentress County Industrial Park*	500,000
Warren County Industrial Park*	600,480
Polk County Industrial Park*	150,000
Irwin Industrial Park**	87,000
Tullahoma High Technology Industrial Park	53,800
Johnson City Waste Water	500,000
Bristol Water	500,000
Kingsport Sewer	53,800
Madisonville Water	260,000
Greenville Water	160,080
Anderson County Phase I	500,000
Kingsport Raw Water	142,897
NACUD Water**	720,000
Gatlinburg Reservoir and Water	395,450

Community Development and Housing (continued)

Oliver Springs Water	$ 374,000
Blount County Water	730,809
Knox County Water Phase II	732,000
LaFollette Filtration Plant and Water Lines	657,000
Jefferson City Water Plant	838,000
Collegedale Sewer	59,520
Copperhill Water	173,120
Big Creek Water*	221,000
Duck River Raw Water	500,000
Smithville Water	884,160
Kingsport Water Extension	42,240
Jasper Waste Water	952,000
Tennessee Housing Development Agency	280,000
Cargo-Mail Facility Tri-Cities Area	250,000
Cleveland Revitatlization	200,000
Macon County Community Complex	91,060
Rockwood Library	159,140

Education

Sequoyah Vocational Center - Phase III	233,969
Upper East Tennessee Educational Cooperative - Continuation	19,997
Upper Cumberland Educational Cooperative - Continuation	10,800

Health

Primary Care, Cannon, DeKalb and Warren Counties	131,508
Hancock County Primary Care*	47,200
Community Health Services, Inc.	50,000
Northwest Hamilton County Primary Care - Equipment*	50,000
Southeast Tennessee Home Care, Marion and Grundy Counties*	50,000
Washington County - Johnson City Health Department Overrun*	111,100
Upper Cumberland Primary Health Care - Continuation	102,243
Upper Cumberland Primary Dental Care - Continuation	30,795
Sequatchie Valley Emergency Medical Service - Continuation	39,600
S.E. Tennessee Clinical Educational Center - Continuation	135,000
N.W. Georgia Mental Health Project - Continuation	52,819
Health Educational Materials Centers - Continuation	21,840
Bogard Primary Medical Care - Continuation	46,370
People's Health Council - Briceville - Continuation	43,000
Knoxville Neighborhood Health Service - Continuation	45,983
Laurel Fork-Clear Fork Clinic, Inc. (United Health Services - Continuation	51,685
Mountain People's Health Council - Continuation	54,720
S.E. Tennessee Primary Care Project, Bradley County - Continuation	37,098

Health (continued)

Primary Outreach Project - Continuation	$ 50,219
Cumberland People's Health Council - Continuation	22,000
Van Buren Primary Dental Care - Continuation	46,906
Bledsoe/Rhea Primary Care Center - Continuation	127,762
Knox County Primary Care - Continuation	16,500
Washburn Primary Care Clinic - Continuation	31,133
East Tennessee College of Fed-Residency (Family Practice) - Continuation	200,000

Child Development

Kingsport Pediatric Language Program	58,045
Grundy and Marion Preschool	60,000
Comprehensive Child Development*	172,870
Manchester Day Care	22,000
Smith County Child Care	70,234
Cleveland Day Care	72,839
Office of Child Development Planning	100,000
Franklin County Day Care	13,775
Tullahoma Day Care	5,600
Southeast Regional Training*	35,000
University of Tennessee Pediatric Language*	40,000
Fair Start Prenatal Care	79,108
Cherokee Guidance Center	100,000
Hiwassee Child Development Project - Continuation	37,009
Jackson County Home Based Preschool Project - Continuation	8,348
North Hamilton County Children's Service Program - Continuation	81,648
Tazewell Day Care Center - Continuation	18,703
Tennessee Appalachian Comprehensive Child Development Project - Continuation	625,109
Community-Wide Preschool Services - Continuation	43,740
Holston Valley Nurse-Midwifery - Continuation (Approved)	83,260
Clinch-Powell Educational Cooperative - Continuation	75,735
1975 Comprehensive Child Development Project - Continuation	245,660
Upper Cumberland Preschool Intervention Project - Continuation	27,000
1976 Comprehensive Child Development - Continuation	117,978
Knoxville Early Childhood Development Center - Continuation	16,245
Putnam County Early Childhood - Continuation	6,018
Mountain Communities Child Development Center - Continuation	11,700
Overton County Early Childhood Intervention - Continuation	8,280

Child Development (continued)

Appalachian Regional Child Development Center - Continuation	$ 36,000
Oak Ridge Nurse-Midwifery - Continuation	116,015
Elizabethton Community Day Care Center - Carter County - Continuation	3,097

Energy, Environment and Natural Resources

Johnson County Solid Waste	62,500
Hamilton County Solid Waste	101,000
Phipps Bend Energy Growth Management Demonstration - Continuation	40,000
Oak Ridge Energy Growth Management Demonstration - Continuation	40,000
Knoxville International Energy Exposition - Continuation	16,000
Chattanooga Garbage Transfer Station	28,500

Projects Proposed for Other Funding

Local Development Districts Programs 1. South Central Tennessee 2. Southeast Tennessee 3. Upper Cumberland 4. First Tennessee-Virginia 5. East Tennessee	359,978
Areawide Action Programs	65,000
Sulf-X Gas Scrubbing Demonstration - Continuation	7,500
Market Void Study (Phase II)	25,000
Existing Industrial Pilot Demonstration	18,000
Technical Assistance for Industrial Sites	55,000
Technical and Training Assistance Accelerated Industrial and Enterprise Development	16,000
Knoxville Nuclear Modular Feasibility Study	110,000
Upper Cumberland Regional Transportation Demonstration	66,646
Feasibility Study on Regional Intermodal Transportation Facilities	25,000

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	100	$18,574,319
Other Funding	14	748,124
TOTAL	114	$19,322,943

STATE OF TENNESSEE

APPALACHIAN INVESTMENT PROGRAM

ABSTRACT FOR FISCAL YEAR 1977

ADDENDUM

The following proposals are added to the FY 1977 Investment Program:

Additions	Estimated ARC Funds
Plateau Utility District*	$ 50,000
Meigs Primary Care	37,098
Marion - Grundy Primary Care	37,098

COMMONWEALTH OF VIRGINIA

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 21
Population (1975): 501,000
Population change (1970-1975): 6.5%
Employment rate (1975): 193,500
Unemployment rate (1975): 7.7%
Per capita income (1974): $3,794
Per capita income as percent of U.S.level: 69.6%
Per capita income growth (1970-74): 48.0%

Appalachia Virginia is remote from the "heart" of the State--Bristol is 310 miles from Richmond. Urbanization is the lowest in the Region and per capita income levels are only 60 percent of the average in the "urban corridor" from Northern Virginia to Norfolk. With a resurgence in coal mining, the seven Central Appalachian counties jumped 9.6 percent in population (1970-1975); 53 percent in per capita income (1970-74), reaching 68 percent of the U.S. level in 1974; and employment soared in trade (+20 percent) and mining (+15 percent). Growth in the 14-county Southern Appalachian area was slower (population +4.3 percent; per capita income +45) with no increase in manufacturing jobs. The 1975 unemployment rate varied considerably with the western coal mining counties recording some of the lowest rates and four rural, non-coal mining counties with rates over 15 percent.

Plan Objectives, Needs and Priorities

Virginia's Plan-of-Record was prepared in 1974 and has been updated each year since. The 1977 Program is a further update of the 1974 Plan. Virginia has made commendable progress in its ability to provide a satisfactory Plan by expanding its Appalachian planning staff, by relying more on input from its six development districts, and by the increased depth of effort and analysis incident to its planning process.

The 1977 update provides current data by each development district on population and economic changes as well as public facilities although a detailed evaluation of the significance of the data is lacking. No changes are made in Virginia's goals and objectives. Priority areas for investment are, in order: transportation, sewer, water, solid waste, education, health and child development, recreation and tourism. The update provides an analysis of past ARC investments but Virginia has not made effective use of this analysis. Virginia has also begun a major effort to quantify needs by utilizing water quality management plans to identify location, type and dollar needs for sewer and water improvements. There is no needs statement provided for justifying the investments in solid waste projects.

The more significant new aspects of Virginia's 1977 Plan relate to child development and health. While major questions were raised regarding Virginia's new emphasis on child development programs in the Mount Rogers Development District, these have been largely resolved and child development programs may be implemented in Virginia's initial area of Buchanan, Dickenson, Lee, Russell, Scott, Tazewell and Wise counties and City of Norton, and in the Mount Rogers Planning District counties of Bland, Carroll, Grayson, Smyth, Washington and Wythe and Cities of Galax and Bristol. Virginia has not complied either with staff comments on its FY 1976 health component or ARC Code Amendments approved August 28, 1976. Until a draft HSA plan or plans covering the areas to be served by the projects are submitted as Plan addenda, no new health projects can be approved.

Energy-related problems and enterprise development are not addressed in Virginia's FY 1977 update. While evaluation and statement of goals, objectives and priorities are not mandatory, investments in these areas cannot be made for FY 1977.

A new Virginia Appalachian Development Plan is now being prepared for FY 1978. Public meetings are being held on preliminary portions of the Plan simultaneously with meetings on the Appalachian Regional Plan.

Comments

The Fiscal Year 1977 Plan is generally adequate when supplemented by additional data submitted after the formal Plan submission, except as noted below. A new Plan is now under preparation for FY 1978, which will provide a completely new base for Virginia development and investments. This Plan must be prepared to adequately address the basic concerns still remaining unaddressed in the staff detailed analysis of Virginia's 1977 Plan update. A more comprehensive statistical data base must be provided for FY 1978, together with more rigorous refinement of growth areas and more analysis of data.

While Virginia must address detailed comments raised in staff reviews of the FY 1977 update and child development components, the 1977 update is approved with the following conditions:

1. No new health projects can be approved until HSA plans covering the areas to be served by the projects are submitted as addenda to the 1977 update and are approved by the Commission.
2. No new child development projects are to be approved outside Virginia's initial child development demonstration area and the Mount Rogers Planning District until other addenda are subsequently submitted and approved by the Commission.
3. No new solid waste projects except the Bath County project may be approved for FY 1977 until the Plan is amended.

Investment Program

The Commonwealth of Virginia's FY 1977 Investment Program clearly reflects a 1974 strategy shift toward supporting industrial development through complementing physical infrastructure investments. The Commonwealth continues to attend to education and health needs and to a lesser extent provides for the needs in child development. In addition, support is given to those projects that will capitalize upon the tourism and recreation opportunities afforded by Virginia's Appalachian region.

The importance of physical infrastructure investments is evidenced by the fact that nearly $5.5 million dollars is identified against the program area of community development and housing. Most of these investments are for water and sewer systems.

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Transportation	1%
Community Development and Housing	58
Education	20
Health	14
Child Development	4
Tourism	3
Others	0
	100%

Remarks

The Fiscal Year 1977 Investment Program is consistent with Virginia's Plan priorities. Some programmatic concerns have been expressed about certain individual projects. It is anticipated that most of them will be resolved by the submission of additional information with the actual project applications. However, four projects out of the 64 have unresolved issues that are Plan related. The individual projects are singled out on the following list. More information on the nature of the problem and the possible solution is available in the staff comments upon which the abstract is based.

The project proposals listed below are contained in the State Investment Program for 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the program.

Projects Proposed for Funding from Adjusted Single Allocation

	Estimated ARC Funds
Transportation	
Lonesome Pine Airport Improvements	$ 131,250
Community Development and Housing	
Office of Housing-Technical Assistance	27,000
Galax Sewer Lift Station and Lines	36,000
Alleghany County Industrial Park Development	391,500
Duffield Industrial Park Water & Sewer Expansion	281,250
Claypool Hill Water and Sewer System	1,000,000
Ivanhoe Water System Extension	203,600
Atkins Water System	178,000
Pulaski County-County-Wide Water System	1,000,000
Bluefield, West Virginia/Virginia Sewer Project	75,000
John Flannagan Water Filtration Plant-Overrun	62,500
Bi-County Water Project-Phase I-Overrun	150,000
Bi-County Water Project-Vansant to Oakwood	750,000
Troutville Water Supply and Distribution System	125,000

Community Development and Housing (continued)

Norton Water and Sewer Line Relocation	$ 300,000
Town of Pulaski Water System Expansion	320,850
Town of Pulaski Expansion of Sanitary Sewer System	207,000
Max Meadows Industrial Site Development	100,000
Floyd County Industrial Park**	41,540
Ivanhoe Industrial Site Development	10,094

Education

Learning in Transit	86,922
Community Colleges' Operating Grants	200,000
New River Vocational Education Equipment	20,808
Dabney S. Lancaster Vocational Education Equipment	4,054
Mountain Empire Vocational Education Equipment	17,972
Southwest Virginia Vocational Education Equipment	58,644
Virginia Highlands Vocational Education Equipment	76,987
Wytheville Vocational Education Equipment	32,511
Jackson River Vocational Education Construction	376,500
Dickenson County Vocational School Expansion	628,866
Russell County Vocational Education Equipment	110,000
Wythe County Vocational School Addition	198,444
Lee County Vocational Education School-Equipment	39,700

Health

Botetourt County Public Health Center - Overrun	9,314
Cumberland Plateau Environmental Program	90,927
LENOWISCO Environmental Program	145,000
Wise Speech and Hearing Center	30,000
Lebanon Speech and Hearing Center	25,000
EMS Plan-PDC's I, II and III**	45,000
Bath County Solid Waste and Disposal	86,772
EMS Communication Network-PDC's IV and V**	131,943
Clinchport Water System	150,000
Smyth County Public Health Center**	370,309

Child Development

Pediatric Health and Child Development Program	162,958
PACE Project	69,275
Carroll-Grayson-Galax Early Childhood Development Program	96,800
Washington County-Bristol Early Childhood Development Program	56,000

Tourism

Grayson County Regional Park	71,280
John Fox, Jr., Home and June Tolliver House-Tourism	250,000

Projects Proposed for Other Funding

Local Development Districts Programs	$ 412,000
1. LENOWISCO Planning District Commission	
2. Cumberland Plateau Planning District Commission	
3. Mt. Rogers Planning District Commission	
4. New River Planning District Commission	
5. Fifth Planning District Commission	
6. Central Shenandoah Planning District Commission	
Areawide Action Programs	110,000
Mt. Rogers Governmental Cooperative	25,000

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	53	$ 9,479,920
Other Funding	11	547,000
TOTAL	64	$10,026,920

STATE OF WEST VIRGINIA

Appalachian Development Plan and Investment Program

Abstracts for Fiscal Year 1977

Appalachian Data and Development Trends

Appalachian Counties: 55
Population (1975): 1,802,900
Population change (1970-1975): 3.4%
Employment (1975): 604,300
Unemployment rate (1975): 7.0%
Per capita income (1974): $4,373
Per capita income as percent of U.S. level: 80.3%
Per capita income growth (1970-74): 42.5%

West Virginia (entirely Appalachian) is a composite of diverse trends and conditions. The State ceased losing population about 1970 and has since grown, though more slowly than the Region. However, all the metropolitan areas have continued to have out-migration and slow total growth or decline in population.

Economic growth has been accompanied by employment increases in trade and services, State and local government, and mining, while manufacturing contributed less than eight percent of total growth (1970-1974). Some growth in mountain counties has been due to "amenities" - resorts, recreation and retirement. Per capita incomes are much higher in the Northern portion of the State, but the Southern counties have been increasing at a greater rate. This trend is due in large part to the increasing amount of coal production in certain portions of the State. The 1975 unemployment rates reflect this by showing the lowest unemployment rates in the counties with major mining activities and the highest rates in non-producing counties.

Plan Objectives, Needs and Priorities

The 1977 West Virginia Development Plan has been identified as a transition document for the purpose of processing Appalachian projects during the current fiscal year. The State will submit a new Plan for Fiscal Year 1978, reflecting the strategies and priorities of the new Administration.

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The interim Plan for FY 1977 must be used in conjunction with the Plan-of-Record as amended, which is still applicable insofar as the socio-economic data is concerned for the health and child development programs and for the State's growth area strategy. The interim FY 1977 Plan has reassessed the State's needs, problems and opportunities, goals and objectives and investment strategies.

The Plan depicts West Virginia as currently experiencing economic revitalization, marked by increased employment opportunities in mining, manufacturing, tourism and the services sector, a gain in the labor force participation rate, a reversal of the downward population trend of the 1960s and increased bank deposits.

The implications of these new trends are manyfold. Of primary concern to the State is the demand for new and expanded facilities and services; at the same time attempts are still being made to remove the blight from past periods of economic stagnation.

West Virginia's overall strategy is to develop and implement programs that will capitalize on the "boom" periods and simultaneously provide diversified job opportunities to reduce the impact of an economic reversal. Greater emphasis will be placed on the role of the regional planning and development councils in the planning and program development process. In addition, to make the planning process more effective, West Virginia is attempting to marry the planning and budgeting processes through institutional changes.

The State's community development investment strategy is to promote sustained growth through the provision of basic community facilities and services in designated growth areas, but especially in smaller towns and cities and in the growing fringe areas around larger population centers. High priority will be given to areas experiencing expanded or new mining activities, new plant locations or expansion and other significant development opportunities such as tourism. Public facility investments will also be made in areas where there is a public health hazard.

Primary care facilities and services will continue to be the focal point of health-related investments, with a shift in emphasis from the unserved areas of the State to underserved areas.

Also, investments in transportation and educational facilities and services will continue to receive high priority as evidenced by the State's FY 1977 Invesment Program.

Comments

The interim FY 1977 Plan meets the planning requirements set forth in Section 2 and Section 225 (a) (1) and (2) of the Appalachian Regional Development Act, as amended. Specifically, the FY 1977 interim Plan addresses the energy-related concerns enunciated in Section 2 and in accord with Section 225, it: (1) describes the State organization and continuous process for Appalachian development including the procedures established by the State for the participation of local development districts in such process, the means by which such process is related to the overall statewide planning and budgeting processes, and the method of coordinating planning and projects in the region under the ARDA and other Federal, State and local programs; (2) sets forth the goals, objectives and priorities of the State for the region, as determined by the Governor and identifies the needs and issues on which such goals, objectives and priorities are based; and (3) describes the strategies for achieving such goals, objectives and priorities.

Some areas of the Plan are in need of improvement. Specifically, certain program objectives could be stated in more measurable terms, the analysis of the region's problems, needs and potential is somewhat deficient, and the States ability-to-pay criteria will have to be expanded in accord with Section 200A-4.3(7) of the Code. The needs analysis often lacks geographic specificity and fails to document severity which would provide a rationale for establishing priorities for the investment of limited ARC funds. This situation is likely the result of limited input by the Regional Councils and State agencies in the planning process. However, steps are being taken by the State to overcome this problem.

Investment Program

West Virginia's FY 1977 Investment Program places increased emphasis on community facility investments while continuing to focus on primary health care facilities and services. For this fiscal year, housing and community development investments total 57 percent (versus 31 percent in FY 1976) of all projects identified against the State's area development allocation. Primary care projects total 19 percent.

Proposed community development investments are consistent with West Virginia's overall development strategy which stresses promoting sustained growth through the provision of basic community facilities and services in designated growth areas, but primarily in the smaller towns and cities and in the growing fringe areas surrounding larger population centers. These basic facilities and services include: water and sewer systems; housing; solid waste systems; recreation facilities; and libraries.

Health investments primarily involve the construction and operation of rural health clinics and technical assistance services to communities ready to develop a program of primary and preventive health care services. They are consistent with the Plan priorities and objectives.

Other proposed FY 1977 investments include: the continuation of ongoing child development projects; six (6) access roads, continuation of four recently initiated areawide action programs, and initial grants for three new programs; and four vocational education proposals. The State also proposes to continue one previously funded State management activity and to provide continued administrative support for the eleven (11) regional councils (LDDs).

Proposed Fiscal Year 1977 Funding Among Program Areas

Major Program Area	Percent of Total Dollars
Child Development	9 %
Education	15
Health	19
Housing and Community Development	57
Others	0
	100 %

Remarks

West Virginia has identified 93 potential projects in its FY 1977 Investment Program. Most appear to be consonant with the goals, objectives and investment priorities set forth in the State Plan. Staff has noted, however, a number of programmatic issues that must be addressed in the full applications.

The most predominate concerns expressed are the relationship of community facility projects to identified growth areas and how these projects would improve the overall economic status of the areas served.

Of major concern is one construction project apparently already under contract. In order for ARC to participate in this project, the Commission must first approve an exception to the provision of Section 214-2.8 of the ARC Code, which requires ARC approval of grants prior to the letting of contracts. A waiver of this provision, as permitted by the Code, was not requested by the State. The project involved is the Mount Wood Park Recreation Complex.

Investment Program Fiscal Year 1977

The project proposals listed below are contained in the State Investment Program for 1977. On adoption of the Program by the Appalachian Regional Commission, these proposals will be eligible for consideration as applications for Appalachian funding. Final approval of an individual project is subject to the availability of funds and its conformance to the operating laws and policies of the Appalachian Regional Commission. Projects with no asterisks appear approvable under such laws and policies. Projects with single asterisks require additional information and those with two asterisks have unresolved issues, as set forth in the detailed staff review of the Program.

Projects Proposed for Funding from Adjusted Single Allocation

Child Development

	Estimated ARC Funds
Region III - Mental Health Services	$ 20,473
Greenbrier Growth and Development Center	12,193
Region IV - Mental Health Services	39,102
Region V - Mental Health Services	52,405
Region VI - Mental Health Services	29,500
Early Childhood Diagnostic Center - Statewide	110,000
Central Office - Department of Mental Health	21,521
Region VII - Mental Health Services	30,545
Region IV - Regional Early Learning	20,000
Medical Treatment Services for Crippled Children	75,000
Parent Education and Resources	170,403
Regional Coordination and Technical Assistance	65,000
Region IV - Coordination and Technical Assistance	20,020
Region II - Detection and Remediation of Learning Disabilities	25,000
Region III - Detection and Remediation of Learning Disabilities	25,000
Region III - Regional Early Learning and Child Care	40,000
Regions I, V and VII - Regional Early Learning and Child Care Systems	25,000

Education

Cabell County Vocational Education Center	$ 400,000
Lincoln Vocational Education Center	650,000
Bluefield Secretarial Program	147,750
Taylor County Vocational Education Facility - Overrun	100,000

Health

Buffalo Creek Health Center - Overrun	101,632
Wheeling Hospital Floodproofing - Revision	131,200
SWVRMC - Planning and Administration Continuation	150,000
Wayne Health Services	189,392
Cedar Grove Clinic - Overrun	35,000
Racine Medical Clinic	100,118
Primary Care Technical Assistance	145,000
Commission Primary Care Technical Assistance - Consultant Services	5,548
Ceredo-Kenova Clinic	214,244
Grant Public Health Center	189,760
Roane Public Health Center	428,059

Housing and Community Development

Wardensville Recreation Area - Overrun	1,440
Doddridge County Park - Overrun	63,675
Mason County Library - Overrun	85,000
Richwood Library - Overrun	75,000
West Virginia Housing Development Fund	100,000
Dreamland Pool - Revision	3,875
Riverbend PSD Water System	29,400
Region VIII Solid Waste Program	111,168
Hurricane Sewage System	78,345
Wilderness PSD Water System	320,000
Newburg Water System	92,000
Paw Paw PSD Water System	84,500
Mountwood Park Lake**	342,461
Mason PSD Water System	28,000
Chesnut Ridge Water System - Revision	70,000
Buckhannon Water System	164,200
Region VI Solid Waste Planning	93,750
Parkersburg Water System	159,000
Bluefield Sewerage System	225,000
Heritage Village Restoration*	83,000
Hodgesville PSD Water System	122,000
Fenwick PSD Water System	137,000
Clay-Battelle PSD Water System	189,000
Pineville Water System	50,000
Philippi Water System	250,000

Hooverson Heights PSD Water System	110,000
Harmon's Creek (Weirton) Sewerage System	75,000
Ansted Water System	200,000
Warm Springs PSD Sewerage System	246,900
Senior citizens Program	500,000
Morgantown Ice Rink	298,500
Marshall County Park	266,240
Monogalia County Solid Waste Project	111,169
Marion County Solid Waste Project	124,000
Ravenswood Swimming Pool	15,000
Rivesville GOB Pile Reclamation - Overrun	78,000

Projects Proposed for Other Funding

Local Development Districts Programs	593,000
1. Region 1 Planning and Development Council	
2. Region 2 Planning and Development Council	
3. B-C-K-P Regional Intergovenmental Council	
4. Region 4 Planning and Development Council	
5. Mid-Ohio Valley Regional Council	
6. Region 6 Planning and Development Council	
7. Region 7 Planning and Development Council	
8. Region 8 Planning and Development Council	
9. Eastern Panhandle Regional Planning and Development Council	
10. Bel-O-Mar Interstate Planning Commission	
11. BHJ Planning Commission	
Areawide Action Programs	133,374
State Coordination and Planning	32,500
Wardensville Industrial Park Access Road	238,700
Franklin Industrial Park Access Road - Revision	300,000
Wood County Ariport Industrial Park Access Road	750,000
Summit Lake Recreation Area Access Road	73,500
Salem College (Randolph Terrace) Access Road	236,600
Beckley Magnetite Access Road	100,000

Summary of Fiscal Year 1977 Investment Program

Proposed Funding	Number of Projects	ARC Funds
Adjusted Single Allocation	68	$ 8,731,488
Other Funding	25	2,457,674
TOTAL	93	$ 11,209,162

TITLE XX FUNDS ALLOTED AND EXPENDED TO APPALACHIAN STATES FOR FISCAL YEARS 1976, 1977* and 1978*

	Amount of Allotment Title XX $ FY 1976	Amount of Allotment Title XX $ FY 1977	Amount of Allotment Title XX $ FY 1978	Percentage of Allotment Spent FY 1976
Alabama	42,250,000	42,300,000	42,500,000	71%
Georgia	57,000,000	57,725,000	57,750,000	92%
Kentucky	39,750,000	39,700,000	39,750,000	100%
Maryland	48,500,000	48,425,000	48,000,000	91%
Mississippi**	27,250,000	27,475,000	27,500,000	31%
New York	217,500,000	214,200,000	212,500,000	100%
North Carolina	62,750,000	63,425,000	64,000,000	66%
Ohio	127,750,000	126,975,000	126,250,000	48%
Pennsylvania	141,750,000	139,975,000	138,750,000	96%
South Carolina	32,500,000	32,925,000	33,000,000	85%
Tennessee**	49,250,000	48,825,000	49,250,000	58%
Virginia	57,250,000	58,050,000	58,250,000	67%
West Virginia	21,500,000	21,175,000	21,250,000	91%
Totals	925,000,000	921,175,000	918,750,000	$\bar{X}$ 76.6%

$\bar{X}$ Note: FY 1977 percentage of allotment spent cannot be derived until February 1978 (L. Wolfe-DHEW)

** States not projected to expend full allotment for FY 1978

Appendix D
L Gunn 11/28/77

TITLE XX FUNDS ALLOTED AND EXPENDED TO NON-APPALACHIAN STATES FOR FISCAL YEARS 1976, 1977 and 1978

	Amount of Allotment Title XX $ FY 1976	Amount of Allotment Title XX $ FY 1977	Amount of Allotment Title XX $ FY 1978	Percentage of Allotment Spent FY 1976
Alaska	4,000,000	3,975,000	4,250,000	100%
Arizona	24,500,000	25,450,000	26,000,000	26%
Arkansas	24,250,000	24,375,000	24,750,000	49%
California	245,500,000	247,250,000	248,500,000	100%
Colorado	29,000,000	29,525,000	29,500,000	100%
Connecticut	36,750,000	36,525,000	36,250,000	100%
Delaware	6,750,000	6,775,000	6,750,000	94%
District of Columbia	9,000,000	8,550,000	8,500,000	100%
Florida	91,500,000	95,675,000	98,000,000	97%
Hawaii	10,000,000	10,025,000	10,250,000	83%
Idaho	9,250,000	9,450,000	9,750,000	100%
Illinois	133,750,000	131,650,000	130,750,000	70%
Indiana	63,250,000	63,025,000	62,250,000	14%
Iowa	34,500,000	33,775,000	33,750,000	100%
Kansas	27,250,000	26,850,000	26,500,000	65%
Louisiana	44,750,000	44,525,000	44,750,000	71%

Appendix D
L Gunn 11/28/77

TITLE XX FUNDS ALLOTED AND EXPENDED TO NON-APPALACHIAN STATES FOR FISCAL YEARS 1976, 1977, and 1978 (Cont.)

	Amount of Allotment Title XX $ FY 1976	Amount of Allotment Title XX $ FY 1977	Amount of Allotment Title XX $ FY 1978	Percentage of Allotment Spent FY 1976
Maine	12,250,000	12,375,000	12,500,000	83%
Massachusetts	69,250,000	68,600,000	68,250,000	94%
Michigan	107,750,000	107,575,000	107,500,000	95%
Minnesota	46,500,000	46,325,000	46,000,000	100%
Missouri	56,750,000	56,500,000	55,750,000	50%
Montanta	8,500,000	8,700,000	8,750,000	100%
Nebraska	18,250,000	18,250,000	18,250,000	100%
Nevada	6,500,000	6,775,000	7,000,000	59%
New Hampshire	9,500,000	9,550,000	9,500,000	75%
New Jersey	87,750,000	86,700,000	85,750,000	94%
New Mexico	13,250,000	13,275,000	13,500,000	80%
North Dakota	7,500,000	7,525,000	7,500,000	74%
Oklahoma	31,750,000	32,050,000	31,750,000	84%
Oregon	26,500,000	26,800,000	26,750,000	95%
Rhode Island	11,500,000	11,075,000	10,750,000	100%
South Dakota	8,250,000	8,075,000	8,000,000	79%
Texas	140,500,000	142,500,000	143,500,000	100%

Appendix D
L. Gunn 11/28/77

TITLE XX FUNDS ALLOTED AND EXPENDED TO NON-APPALACHIAN STATES FOR FISCAL YEARS 1976, 1977, and 1978 (cont.)

	Amount of Allotment Title XX $ FY 1976	Amount of Allotment Title XX $ FY 1977	Amount of Allotment Title XX $ FY 1978	Percentage of Allotment Spent FY 1976
Utah	13,750,000	13,875,000	14,250,000	75%
Vermont	3,500,000	5,550,000	5,550,000	100%
Washington	40,750,000	41,100,000	41,500,000	100%
Wisconsin	54,500,000	54,000,000	54,000,000	100%
Wyoming	4,250,000	4,250,000	4,500,000	89%
Totals	1,633,500,000	1,578,825,000	1,581,300,000	X̄ 84.1%

** Note: FY 1977 and 1978 percentage of allotment spent cannot be derived until February 1978 (L. Wolfe DHEW)

Appendix D
L. Gunn 11/28/77

March 1, 1977

TECHNICAL NOTES

Summaries and Characteristics of States' Title XX Social Services Plans for Fiscal Year 1977

THESE ANALYSES ARE BASED ONLY ON INFORMATION
AVAILABLE IN THE TITLE XX FINAL CASP PLANS
FOR FISCAL YEARS 1976 AND 1977

Appendix E

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

Office of the Assistant
Secretary for Planning
and Evaluation

March 1, 1977

TECHNICAL NOTES

Summaries and Characteristics of States' Title XX Social Services Plans for Fiscal Year 1977

prepared by

Eileen Wolff

Barbara E. Bird
Patricia L. Sullivan

THESE ANALYSES ARE BASED ONLY ON INFORMATION
AVAILABLE IN THE TITLE XX FINAL CASP PLANS
FOR FISCAL YEARS 1976 AND 1977

For further information, please contact Ms. Wolff, at (202) 245-2240.

Appendix E

ACKNOWLEDGMENTS

There are a great many people to whom we are indebted for their support and assistance in putting this document together. Unfortunately, limitations of time and space prevent us from paying thanks to them all individually.

First and foremost is Jerry Silverman, who developed the framework for the study and who provided guidance for all its phases.

During the initial data gathering effort, the SRS/PSA Regional Office staffs were most helpful. In addition, Marion Warrick of our staff, patiently collected data from many of the state plans.

The single most instrumental person in the analysis and report writing phase was Candace Mueller, of the Hecht Institute. She not only gave up some of her own time to help with this undertaking, but was always willing to listen and provide good ideas and positive criticism. Lillian Jackson, of SRS/OPRE, Central Office, also provided invaluable assistance.

The production of this document was in the capable hands of Anita Adams, Azalee Lattimore, Mary Anne Stevenson, and Betty Watkins. They did a fantastic job under frequently difficult conditions.

II

AN OVERVIEW OF THE TITLE XX PLANS FOR FISCAL YEAR 1977

Title XX Comprehensive Annual Service Program (CASP) plans for FY 77 represent the second year efforts of states to publicly describe their social service programs and obtain citizen input as to public priorities. These plans reflect the individuality of each state's needs and the states' response to those needs through their social services delivery system.

The technical notes summarize data available in the final CASP plans for FY 77 and compare, where possible, the data for FY 76 with the data for FY 77. It is important to emphasize the limitations of these analyses. The expenditure and client data are derived from estimates projected in the Title XX plans. This data *must* be used with caution; it represents 51 unique planning processes, *not* the actual implementation of the Title XX social services programs. It *does not* reflect actual expenditures for services. In FY 76, there was *a 14%* difference between the projected use ($2.42 billion) and actual use ($2.07 billion) of federal funds for social services.

Estimated Expenditures

Total Title XX Estimated Expenditures, FY 77: $3.409 (in billions)

Estimated Federal Share, FY 77: $2.444 (in billions)

The FY 77 estimates for Title XX social services reflect a $55 million increase over estimates for FY 76. Approximately 70% of this increase represents additional state monies being used to provide services above the level required for federal match. Several of the states which plan to supplement their Title XX resources, e.g., California, the District of Columbia, Minnesota, New York, and Oregon, have been spending their full federal allotment since the ceiling was imposed in FY 73. (Technical Note #1)

Eligibility for Social Services

Eligibility for Title XX social services underwent considerable change between FY 76 and 77. In large part, the changes were a direct result of revisions in the federal regulations governing Title XX.

- The April 2, 1976 regulations eliminated the specific list of services which could be provided as Protective Services for Children and Adults. Now, states may provide whatever services, included in their services plan, which they deem appropriate to prevent or remedy abuse, neglect, or exploitation.

Most states, in their FY 77 plans, plan to provide services other than those designated universal (Information and Referral, Protective Services for Children, and Protective Services for Adults) without regard to income in documented cases of abuse, neglect or exploitation. (Technical Note #12)

- The August 26, 1976 Proposed/January 31, 1977 Final Regulations permit states to delegate, to their designated geographic areas, the authority to set eligibility levels for services.

Six states took advantage of the proposed change in the August 26 regulations and now provide services at different levels in different geographic areas. In Arizona, Minnesota, and New York, the eligibility levels are almost entirely determined by local geographic units (i.e., counties), while in California, Colorado and Washington, the geographic variance is limited predominantly to one county or planning area.

- Lastly, on September 7, 1976, P.L. 94-401 was signed into law. This new law amended several provisions of Title XX. For purposes of this analysis, the most significant revision was the designation of family planning as the fourth universal service. Due to the required publication date of most Title XX plans, either July 1 or October 1, 1976, the new amendments had almost no impact on the FY 77 plans.

In contrast to the significant increase in the number of services provided without regard to income in protective cases, the general trend in FY 77 has been for states to restrict eligibility for Title XX services. In most instances, this has affected the higher cost services, e.g., Day Care for Children, or Homemaker Services. Limitations on service eligibility can include:

- -- the service is only available to AFDC and/or SSI recipients
- -- the maximum income level for service eligibility is set at a lower level than that set for other services, e.g., Day Care for Children is available to 60% median income while other services in the plan are available to 80% median income
- -- criteria other than income affect access to services, e.g., to receive Homemaker Services, the client who is income eligible must also have a physical or mental handicap.

Service Changes, FY 76-77

Few states changed their policies on fees for service(s) in FY 77. For the most part, states are charging fees for the same services and at the same levels in FY 77 as they did in FY 76. Four states have initiated fees in FY 77, but only plan to fee a few of the services available in their plan. Two states have eliminated fees in FY 77, and have limited eligibility for services to 80% or below. (Technical Note #3)

For most of the services discussed in the Technical Notes, changes were minimal. These services include: Family Planning Services, Technical Note #4; Day Care Services for Children, Technical Note #5; Adult Day Care, Technical Note #6; Services to Adults, Technical Note #7; The Universal Services, Technical Note #12; Services to Children and Youth, Technical Note #13; Housing Services, Technical Note #14; Legal Services, Technical Note #15; and Transportation Services, Technical Note #16.

Notable changes occurred in a minority of the services analyzed. Home-Based Services, which increased by approximately $65 million, and Health Services, which decreased by $28.5 million, reflect the most significant changes in service estimates. (Technical Notes #8 and #9 respectively)

Target Groups for Services

States are providing Title XX social services to vulnerable, at-risk groups. Commonly identified groups include the developmentally disabled, alcoholics, drug addicts, mentally ill, aged and youth. All states are providing some type of service to one or more of these groups. However, because many states include these special groups as a segment of a larger population eligible for a particular service, it is not possible to determine the extent to which states are providing services solely to a special group. Thus, in neither program year was it possible to quantify estimated Title XX expenditures for services to these special groups. (Technical Notes #10 and #11)

Similarly, it is often impossible to delineate those services provided only to children or only to adults. The term "individual" is frequently found in service definitions, and implies that both children and adults are eligible to receive the service. However, based on data available in the FY 76 and 77 plans, we estimate that at least 60% of Title XX planned expenditures are for services directed to children. Child Day Care alone accounts for one-fourth of the Title XX estimated expenditures.

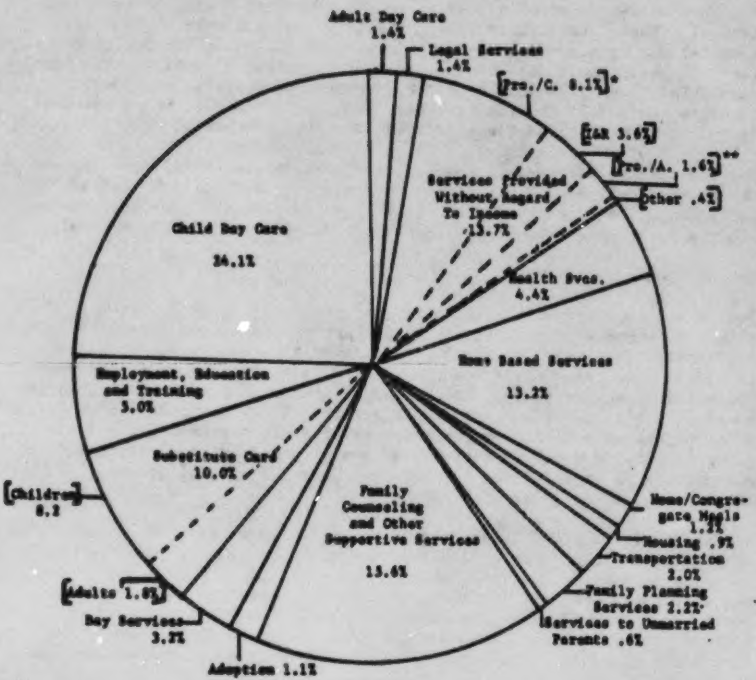
Because of the difficulties in determining the type of individual served, e.g., developmentally disabled, children, adults, etc., the following chart illustrates estimated expenditures by service rather than by target group.

V

ESTIMATED TITLE XX EXPENDITURES

AS A PERCENT OF THE TOTAL BUDGET
(3.4 billion dollars)

This chart is based, for the most part, on data available in the FY 77 Final CASP plans. Please remember that these are estimates for Title XX social services and are not actual expenditures.



*Protective Services/Children
**Protective Services/Adults

CHANGES IN ESTIMATED TITLE XX EXPENDITURES: FY 76 - FY 77

	Expenditures (Millions of Dollars)			Percentage of Total Budget	
	FY 76	FY 77	Change	FY 76	FY 77
Home Based Services	$ 380.6	$ 445.5	$ + 64.9	11.5 %	13.2 %
Protective Services - Child	206.8	241.3	+ 34.5	7.2 %	8.1 %
Substitute Care - Children	213.5	237.6	+ 24.1	8.8 %	8.2 %
Home/Congregate Meals	21.2	23.0	+ 1.8	1.06%	1.2 %
Adoption	26.6	27.2	+ .6	1.2 %	1.1 %
Legal Services	33.2	33.3	+ .1	1.5 %	1.4 %
Services to Unmarried Parents	9.1	8.4	- .7	.7 %	.6 %
Protective Services - Adult	51.0	47.1	- 3.9	2.1 %	1.6 %
Housing Services	31.4	23.8	- 7.6	1.1 %	.9 %
Information and Referral	117.5	109.0	- 8.5	3.9 %	3.6 %
Adult Day Care	32.2	23.7	- 8.5	1.7 %	1.4 %
Transportation	56.9	48.0	- 8.9	2.3 %	2.0 %
Family Planning Services	85.7	70.3	- 15.4	2.8 %	2.2 %
Child Day Care	759.1	742.8	- 16.3	25.2 %	24.1 %
Health and Mental Health Services	152.7	124.2	- 28.5	5.2 %	4.4 %

GLOSSARY

Aid to Families with Dependent Children (AFDC):	A recipient of AFDC financial assistance or an individual whose needs were taken into account in determining the needs of the recipient of aid under Title IV-A. This includes those who would be eligible for assistance if they applied.
Comprehensive Annual Service Program (CASP) Plan:	The published document circulated as a proposed plan for statewide public comment and then republished as a final document. Both describe the social services to be delivered during the state's next service program year.
Designated State Agency:	The organizational unit of state government designated by the chief executive officer of the state, assigned the responsibility of developing the Comprehensive Annual Services Program plan; the administering or supervising unit for the administration of the plan.
Essential Persons:	An essential person is one who lives in a household with a recipient of AFDC or SSI and is essential to the well-being of the recipient.
Fee Scale:	In those instances in which a fee is charged, the fee schedule specifies the level and standard by which fees are determined.
Income Eligible Recipient:	An individual who receives social services on the basis of income only and who is not an AFDC recipient, SSI recipient, or essential person.
Medicaid Recipient:	An individual or family who is currently authorized to receive Medicaid benefits. Medicaid is a federal/state medical assistance program under Title XIX of the Social Security Act.

Supplemental Security Income (SSI) Recipient:	Any aged, blind or disabled individual receiving benefits or who is determined to be eligible on the basis of his income and resources under part A of Title XVI.
Special Needs:	Can include the following conditions: -- physically handicapped -- mentally handicapped -- emotionally disturbed -- developmentally disabled - mentally retarded - autistic - epileptic - cerebral palsied
Target Group:	A specific group of clients for which services will be provided.
Title XX:	That title of the federal Social Security Act which is the law upon which the service plan is based. The Title XX legislation was approved by the President, January 4, 1975, and is contained in P.L. 93-647. The rules and regulations issued by DHEW implementing Title XX are contained in 45 CFR (Code of Federal Regulations) Part 228.
Universal Services:	Those services provided by a state without regard to income.
WIN:	The Work Incentive Program, Title IV-C of the Social Security Act, which provides comprehensive employment services to AFDC recipients.

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Technical Note #1

TITLE XX -- Final CASP Plans, FY 77

"Social Services Expenditure Estimates"

Summary

The following data represent a summary of Title XX planned expenditures for fiscal years 1976 and 1977, based on information available in the state final Comprehensive Annual Service Program (CASP) plans.

	Total Title XX Expenditure Estimates	Federal Share Estimates	Federal Share as a Percent of the $2.5 Billion Allotment
	(in millions)	(in millions)	%
1976	$3.354	$2.429	97.2%
1977	$3.409	$2.444	97.8%

Overview

Estimated total expenditures for Title XX social services reflect a $55 million increase (or +1.7%) in FY 77. Roughly 70% of the increase represents state monies above those required for federal match. These additional state monies are used to supplement the Title XX program and increase the availability of certain services.

States which plan to provide Title XX services with state funds above that necessary for the federal match include:

California
Connecticut
District of Columbia
Florida
Illinois
Massachusetts
Minnesota
New York
Oregon
Pennsylvania
Vermont

Comprehensive Plans

The planning provisions of Title XX encourage states to take a comprehensive view of their human services programs. Many states did develop plans in FY 77 which included information on other social service programs. In addition, five states -- Florida, Minnesota, Oregon, South Dakota and West Virginia -- developed comprehensive Title XX plans which include other human services programs in their expenditure/client estimates. In these states, the Title XX estimated budgets were derived, using the standard 75/25% or 90/10% match rate as applicable. [1] In the case of Minnesota, the state provided the data for this analysis independent of the plan submitted to HEW.

Twenty-One Month Plans

Of the eleven 21 month plans, only two, Illinois and Nevada, were amended to reflect additional expenditures for Title XX services in FY 76-77. The amended plan estimates are used for the FY 77 analyses. In addition, all 21 month plans are prorated for a 12 month period for comparability. The eleven 21 month state plans include: Hawaii, Illinois, Indiana, Louisiana, Maine, Montana, Nevada, North Dakota, Oklahoma, Oregon and Wisconsin.

Use of the Federal Allotment

We thought it would be interesting to compare plan estimates and actual use of federal funds for FY 76. The comparison for FY 76 indicates that:

- There was a 14% differential between planned (97.2%) and actual (83.2%) use of the $2.5 billion allotment.
- Forty one (41) state plans estimated full use of ceiling, while actual use reports indicated that 17 states spent their total allotment and another 9 spent over 90%.

Although there was some discrepancy between the FY 76 planned and actual use of federal monies, the projected outlook for FY 77 is a closer alignment between planned and actual use.

In FY 77, 44 state plans estimate full use of their allotment. Given the data available on actual use in FY 76, it is unlikely that all states will reach their planned use of the allotment. However, we project that 33-35 states will reach ceiling in FY 77, based on the number of states using 80+% in FY 76; and that 5-7 states will spend over 90% of their allotment in FY 77 based on the number of states which spent 70+% in FY 76.

[1] All services have a 75/25% federal match rate except for family planning, which is 90/10%.

Charts

The attached charts provide information on plan estimates for FY 76-77, actual use in FY 76, and changes in state allotments over the period FY 73-78.

- Chart #1 compares (1) the federal allotment for FY 77 and state plan estimates; (2) FY 76 and 77 plan estimates for Title XX expenditures; and (3) indicates the change in planned expenditures for the two year period.

- Chart #2 provides data on the actual use of the federal allotment in FY 76 and indicates the percent of allotment spent.

- Chart #3 is a comparison of federal allotments for fiscal years 1973-78. The federal allotment for each state and the District of Columbia remained unchanged between FY 73-75. With the inception of Title XX in FY-76, federal allotments for the states are recomputed yearly, based on total state population. Bureau of the Census data is used to determine movement of population between states.

The percentage of change column on Chart #3 indicates the extent to which a state's share of the $2.5 billion ceiling has been increased (28 states) or decreased (23 states) for the period FY 73-78.

On a geographic basis, the North, East and Midwest are declining in population with a concomittant growth of population in the South, Southwest and West. The federal allotment now reflects this change. States with the largest increases (8% or more) in allotment over the FY 73-78 period include: Alaska, Arizona, Florida, Nevada and Wyoming. States affected by significant decreases in allotment (3% or more) over this period include the District of Columbia, Illinois, New York, Pennsylvania and Rhode Island.

Examples of states which have gained or lost a substantial amount of federal money over this period include:

Gain		Loss	
Florida	+10.8 million	New York	- 8.0 million
Texas	+ 3.6 million	Pennsylvania	- 4.4 million
California	+ 2.8 million	Illinois	- 4.3 million

CHART #1

FEDERAL ALLOTMENTS/ STATE USE -- TITLE XX FINAL CASP PLANS FISCAL YEARS 1976 & 1977	Federal Allotments FY 77 1/ (in millions)	Final CASP (4) Plan Federal Share Estimates FY 77 3/ (in millions)	Total Title XX Expenditure Estimates FY 76 2/ (in millions)	Total Title XX Expenditure Estimates FY 77 3/ (in millions)	Change in Total Title XX Expenditure Estimates FY 76-77 (in millions)
Alabama	42.300	42.300	56.13	56.22	+ .09
Alaska	3.975	3.975	5.43	5.30	- .13
Arizona	25.450	24.345 *	12.73	32.41	+19.68
Arkansas	24 375	24.375	27.40	32.15	+ 4.75
California	247.250	247.250	341.73	407.40	+65.67
Colorado	29.525	29.525	38.37	39.19	+ .82
Connecticut	36.525	36.525	62.23	58.61	- 3.62
Delaware	6.775	6.775	9.00	9.02	+ .02
District of Columbia	8.550	8.550	13.61	14.71	+ 1.10
Florida	95.675	95.675	194.90	125.63	-69.27 2/
Georgia	57.725	57.725	77.06	79.63	+ 2.57
Hawaii	10.025	9.966 *	13.55	13.55	0 4/
Idaho	9.450	9.450	12.50	12.63	+ .13
Illinois	131.650	131.650	178.66	186.66	+10.00
Indiana	63.025	30.598 *	40.79	40.79	0 4/
Iowa	33.775	33.775	45.82	45.63	- .19
Kansas	26.850	26.850	36.22	35.68	- .54
Kentucky	39.700	39.700	52.86	53.47	+ .61
Louisiana	44.525	44.525	58.90	58.90	0 4/
Maine	12.375	12.375	16.22	16.22	0 4/
Maryland	48.425	48.425	64.30	64.51	+ .21
Massachusetts	68.600	68.600	92.33	117.03	+24.70
Michigan	107.575	107.575	143.55	143.34	- .21
Minnesota	46.325	46.325	62.00	61.72	- .28
Mississippi	27.475	11.406 *	16.80	15.22	- 1.58
Missouri	56.500	56.500	71.98	75.44	+ 3.46
Montana	8.700	8.700	11.27	11.27	0 4/
Nebraska	18.250	18.250	24.30	24.33	+ .03
Nevada	6.775	6.594 *	8.35	8.74	+ .39
New Hampshire	9.550	9.550	12.18	12.61	+ .43
New Jersey	86.700	86.700	116.09	115.02	- 1.07
New Mexico	13.275	13.275	17.35	17.30	- .05
New York	214.200	214.200	304.85	285.60	-19.25
North Carolina	63.425	63.425	83.67	82.36	- 1.31
North Dakota	7.525	7.525	10.00	10.00	0 4/
Ohio	126.975	126.975	170.33	169.40	- .93
Oklahoma	32.050	32.050	42.33	42.33	0 4/
Oregon	26.800	26.800	33.67	33.67	0 4/
Pennsylvania	139.975	139.975	189.00	206.69	+17.69
Rhode Island	11.075	11.075	15.33	16.39	+ 1.06
South Carolina	32.925	32.925	43.30	43.54	+ .24
South Dakota	8.075	8.075	10.23	11.36	+ 1.13
Tennessee	48.825	42.891 *	64.97	56.25	- 8.72
Texas	142.500	142.500	185.60	187.55	+ 1.95
Utah	13.875	13.875	18.33	18.50	+ .17
Vermont	5.550	5.550	7.29	7.92	+ .63
Virginia	58.050	58.050	75.66	78.73	+ 3.07
Washington	41.100	41.100	54.39	54.59	+ .20
West Virginia	21.175	21.175	28.17	28.91	+ .74
Wisconsin	54.000	54.000	77.73	77.73	0 4/
Wyoming	4.250	4.205 *	4.95	5.56	+ .61
TOTAL	$2.500	$ 2.444	$ 3.354	$ 3.409	Overall Increase $ .055

FOR EXPLANATORY NOTES, SEE NEXT PAGE

EXPLANATORY NOTES FOR CHART I

Allotments/State Use -- Title XX Final Plans, FY 76-77

*An asterisk (*) indicates states not planning to use their full federal allotment for FY 77, based on data available in the FY 77 final CASP plans.

1/
Federal Register, Volume 40, Number 183, September 19, 1975, p. 43265.

2/
Estimates based on an analysis of the final CASP plans for FY 76.

3/
Estimates based on an analysis of the final CASP plans for FY 77.

4/
Twenty-one (21) month plans which did not amend their total estimated expenditures for FY 76-77.

5/
For the state of Florida, the significant estimated budget decrease in FY 77 is the result of two different plan approaches. In FY 76, the Florida plan reflected only Title XX federal expenditures and the state overmatch for services. The FY 77 plan was designed to include other federal program dollars providing social services. The total comprehensive plan budget for Florida in FY 77 is $224,103,355, or a +29.20 increase over last year. However, the FY 77 Title XX-estimated expenditure reflects only the Title XX federal/state match budget (based on a 75/25% or 90/10% match) because it was not possible to determine what services were being supplemented solely with state dollars.

CHART #2 SRS BUDGET OFFICE ACTUAL USE REPORT, TITLES IV-A AND XX BASED ON STATE OA 41 SUBMITTALS FOR FY 76 DATED 2/1/77	Total State Use of Federal Allotment FY 76 $	(6) Federal Allotment FY 76 $	Percentage of Allotment Spent FY 76 *		
Alabama	29,900,310	42,250,000	71%		
Alaska	4,000,000	4,000,000	100%		
Arizona	6,434,197	24,500,000	26%		
Arkansas	11,948,505	24,250,000	49%		
California	245,500,000	245,500,000	100%		
Colorado	28,999,965	29,000,000	100%		
Connecticut	36,750,000	36,750,000	100%		
Delaware	6,365,550	6,750,000	94%		
District of Columbia	9,000,000	9,000,000	100%		
Florida	89,045,043	91,500,000	97%		
Georgia	52,270,283	57,000,000	92%		
Hawaii	8,322,329	10,000,000	83%		
Idaho	9,250,000	9,250,000	100%		
Illinois	94,127,339	133,750,000	70%		
Indiana	8,707,974	63,250,000	14%		
Iowa	34,500,000	34,500,000	100%		
Kansas	17,613,254	27,250,000	65%		
Kentucky	39,750,000	39,750,000	100%		
Louisiana	31,839,730	44,750,000	71%		
Maine	10,100,510	12,250,000	83%		
Maryland	43,972,900	48,500,000	91%		
Massachusetts	64,108,618	69,250,000	93%		
Michigan	102,837,187	107,750,000	95%		
Minnesota	46,498,929	46,500,000	100%		
Mississippi	8,321,227	27,250,000	31%		
Missouri	28,230,178	56,750,000	50%		
Montana	8,500,000	8,500,000	100%		
Nebraska	18,250,000	18,250,000	100%		
Nevada	3,824,090	6,500,000	59%		
New Hampshire	7,159,145	9,500,000	75%		
New Jersey	82,480,142	87,750,000	94%		
New Mexico	10,614,823	13,250,000	80%		
New York	217,500,000	217,500,000	100%		
North Carolina	41,356,243	62,750,000	66%		
North Dakota	5,518,110	7,500,000	74%		
Ohio	61,471,744	127,750,000	48%		
Oklahoma	26,605,714	31,750,000	84%		
Oregon	25,464,676	26,500,000	96%		
Pennsylvania	115,402,679	141,750,0[illegible]	81%		
Rhode Island	11,500,000	11,500,000	100%		
South Carolina	27,683,910	32,500,000	85%		
South Dakota	6,552,320	8,250,000	79%		
Tennessee	28,335,546	49,250,000	58%		
Texas	140,500,000	140,500,000	100%		
Utah	10,334,625	13,750,000	75%		
Vermont	5,500,000	5,500,000	100%		
Virginia	38,181,073	57,250,000	67%		
Washington	40,749,990	40,750,000	100%		
West Virginia	19,540,299	21,500,000	91%		
Wisconsin	54,500,000	54,500,000	100%		
Wyoming	3,769,353	4,250,000	89%		
TOTAL	$2,079,688,510	$2,500,000,000	83.2%		

*Percentages have been rounded.

CHART #3

FEDERAL ALLOTMENT FOR SOCIAL SERVICES FISCAL YEARS 1973-1978	TITLES IV-A and VI Fiscal Years 1973-1975 $	TITLE XX Fiscal Year 1976 $	TITLE XX Fiscal Year 1977 $	TITLE XX Fiscal Year 1978 $	PERCENTAGE CHANGE Fiscal Years 1973-1978 %
Alabama	42,140,000	42,250,000	42,300,000	42,500,000	+ .9
Alaska	3,901,750	4,000,000	3,975,000	4,250,000	+ 8.9
Arizona	23,351,250	24,500,000	25,450,000	26,000,000	+11.3
Arkansas	23,747,250	24,250,000	24,375,000	24,750,000	+ 4.2
California	245,733,250	245,500,000	247,250,000	248,500,000	+ 1.1
Colorado	28,297,500	29,000,000	29,525,000	29,500,000	+ 4.3
Connecticut	37,001,750	36,750,000	36,525,000	36,250,000	- 2.0
Delaware	6,783,250	6,750,000	6,775,000	6,750,000	- .5
District of Columbia	8,980,250	9,000,000	8,550,000	8,500,000	- 5.4
Florida	87,149,500	91,500,000	95,675,000	98,000,000	+12.5
Georgia	56,667,000	57,000,000	57,725,000	57,750,000	+ 1.9
Hawaii	9,712,500	10,000,000	10,025,000	10,250,000	+ 5.5
Idaho	9,076,250	9,250,000	9,450,000	9,750,000	+ 7.4
Illinois	135,076,500	133,750,000	131,650,000	130,750,000	- 3.2
Indiana	63,522,250	63,250,000	63,025,000	62,250,000	- 2.0
Iowa	34,612,500	34,500,000	33,775,000	33,750,000	- 2.5
Kansas	27,109,000	27,250,000	26,850,000	26,500,000	- 2.3
Kentucky	39,607,000	39,750,000	39,700,000	39,750,000	+ .4
Louisiana	44,661,250	44,750,000	44,525,000	44,750,000	+ .2
Maine	12,354,000	12,250,000	12,375,000	12,500,000	+ 1.2
Maryland	48,695,250	48,500,000	48,425,000	48,000,000	- 1.4
Massachusetts	69,477,000	69,250,000	68,600,000	68,250,000	- 1.8
Michigan	109,036,000	107,750,000	107,575,000	107,500,000	- 1.4
Minnesota	46,774,250	46,500,000	46,325,000	46,000,000	- 1.7
Mississippi	27,169,000	27,250,000	27,475,000	27,500,000	+ 1.2
Missouri	57,063,250	56,750,000	56,500,000	55,750,000	- 2.3
Montana	8,632,000	8,500,000	8,700,000	8,750,000	+ 1.4
Nebraska	18,308,750	18,250,000	18,250,000	18,250,000	- .3
Nevada	6,327,000	6,500,000	6,775,000	7,000,000	+10.6
New Hampshire	9,256,500	9,500,000	9,550,000	9,500,000	+ 2.6
New Jersey	88,446,250	87,750,000	86,700,000	85,750,000	- 3.1
New Mexico	12,786,500	13,250,000	13,275,000	13,500,000	+ 5.6
New York	220,497,250	217,500,000	214,200,000	212,500,000	- 3.6
North Carolina	62,59[illegible],750	62,750,000	63,425,000	64,000,000	+ 2.2
North Dakota	7,587,500	7,500,000	7,525,000	7,500,000	- 1.2
Ohio	129,457,750	127,750,000	126,975,000	126,250,000	- 2.5
Oklahoma	31,623,000	31,750,000	32,050,000	31,750,000	+ .4
Oregon	26,196,500	26,500,000	26,800,000	26,750,000	+ 2.1
Pennsylvania	143,180,250	141,750,000	139,975,000	138,750,000	- 3.1
Rhode Island	11,621,500	11,500,000	11,075,000	10,750,000	- 7.5
South Carolina	31,995,250	32,500,000	32,925,000	33,000,000	+ 3.1
South Dakota	8,152,000	8,250,000	8,075,000	8,000,000	- 1.9
Tennessee	48,395,000	49,250,000	48,825,000	49,250,000	+ 1.8
Texas	139,854,750	140,500,000	142,500,000	143,500,000	+ 2.6
Utah	13,518,500	13,750,000	13,875,000	14,250,000	+ 5.4
Vermont	5,546,750	5,500,000	5,550,000	5,500,000	- .8
Virginia	57,195,250	57,250,000	58,050,000	58,250,000	+ 1.8
Washington	41,335,750	40,750,000	41,100,000	41,500,000	+ .4
West Virginia	21,382,250	21,500,000	21,175,000	21,250,000	- .6
Wisconsin	54,265,750	54,500,000	54,000,000	54,000,000	- .5
Wyoming	4,142,000	4,250,000	4,250,000	4,500,000	+ 8.6
TOTAL	$2,500,000,000	2,500,000,000	$2,500,000,000	$2,500,000,000	

Technical Note #2

TITLE XX -- Final CASP Plans, FY 77

"Eligibility Standards for Services"

This technical note describes the four different ways states have defined eligibility for services and a new category of states which have eligibility levels that vary by geographic area. This note does not address social services being provided to refugees under the Refugee Assistance Act of 1975. In addition, all discussion of states providing services without regard to income is contained in Technical Note #12, "The Universal Services."

The summary/comparison below indicates changes in eligibility for services for the program years 1976-77. The state-by-state analysis of eligibility for FY 77 follows the summary.

SUMMARY

	FY 76	FY 77
States which do not vary income eligibility by category of individual or services.	12	8
States which vary income eligibility levels by service only.	13	8
States which vary income eligibility levels by category of individual only.	7	6
States which vary income eligibility levels by category of individual and service.	19	23
States which vary income eligibility levels by geographic area.	Not Applicable	6
States offering some or all services to 80%	22	22
States offering some or all services to 115%	17	17

COMPARISON, FY 76-77

States have made fairly extensive changes in their eligibility criteria for services in FY 77. Although the number of states providing some services to 80% or 115% has not changed, an additional ten (10) states vary eligibility by category of individual and service. This includes the six (6) states which vary service not only by geographic area but also by service and category of individual.

Generally the trend in FY 77 is for states to lower eligibility levels and/or include additional criteria for service eligibility. For example, of the six (6) states which provide all services to a certain percent of median income in fiscal years 1976 and 1977, three (3) states have lowered the income level for services in FY 77. Other states, like Colorado and Michigan, have maintained eligibility levels but now only provide services to these levels when the individual meets certain criteria, i.e., has a disabling condition, receives services because of protective intervention, etc.

In the six (6) states which vary eligibility by geographic area, there is great variation among the states as to how extensively eligibility differs between planning districts. In New York and Arizona, there is a wide range of eligibility criteria for services depending upon the geographic unit. In California and Washington, eligibility is affected in a much more limited way - only one planning district in each of the states varies eligibility criteria.

In summary, eligibility levels for Title XX services in FY 77 are lower and more limited than levels set for FY 76. However, it should be noted that more states are providing a greater number of services without regard to income in protective cases. Please refer to Technical Note #12 for a discussion of these services.

States Which Do Not Vary Income Eligibility Standards by Category of Individual or Service

State	Maximum Income Level
Iowa	80%
Kansas	115%
Kentucky	80%
Louisiana	46.96%
Missouri	80%
Oklahoma	76.52%
South Carolina	80%
Wyoming	40%

States Which Have Income Levels Which Differ Only by Service

Alabama

Alabama offers all but two of its 28 services to 80%. The two exceptions are Legal Services, limited to 51%, and Day Care for Children Services, limited to 55%.

District of Columbia

The District will provide 14 services under Title XX. Eligibility levels for services, excluding universals, are:

50%

- Chore Services
- Family Planning Services
- Homemaker Services
- Problem Assessment and Resolution
- Substitute Care for Adults

72%

- Day Care for Children

80%

- Adoption Services
- Crisis Services
- Delinquency Prevention and Youth Development
- Health Related Services
- Substitute Care for Children

Florida

All but two of Florida's 19 services are available to 61%. The two exceptions are Legal Services, limited to 36%, and Nursing Home Services, available to 73%.

North Carolina

North Carolina's 31 services are divided into four categories, exclusive of the universal services:

55% Median Income

Legal Services

80% Median Income

- Adoption Services
- Caseworker Services to Enable Individuals to Remain in or Return to Their Own Homes
- Delinquency Prevention Services
- Family Planning Services
- Foster Care Services for Adults
- Foster Care Services for Children
- Health Support Services
- Home Management and Maintenance Services
- Housing and Home Improvement Services
- Interstate/Intercountry Services to Children
- Problem Pregnancy Services
- Services to Meet the Special Needs of:
    - Alcoholics and Drug Addicts
    - The Aging, Disabled or Handicapped
    - The Blind
    - Children
    - The Emotionally Disturbed
    - The Mentally Retarded

65% Median Income

- Educational Support Services
- Employment and Training Support Services
- Social Development Through Therapeutic Group Services
- Transportation Services

100% Median Income

- Chore Services
- Day Care Services for Adults
- Day Care Services for Children
- Homemaker Services
- Personal and Family Counseling
- Preparation and Delivery of Meals

North Dakota

North Dakota limits 9 of its 25 services to 78.6%: Adult Day Care; Child Day Care; Educational Services; Foster Care; Legal Services; Respite Care; Chore; Homemaker and Home Health Aide. The remaining services are available to 113%.

Oregon

All but 2 of Oregon's 13 services are available to 105.6%. Protective Services is universal and Juvenile Community Service is limited to 73.5%.

South Dakota

In South Dakota, all but three of its 25 services are provided to 115% median income (exclusive of universals). The three exceptions are: Adult Probation and Parole, and Youth Services Program, available to 60%; and Day Care Services, available to 100%.

Wisconsin

All but one of Wisconsin's services are available to 100%. The exception is Adoption Service, limited to 80%.

States Which Have Income Levels Which Differ Only by Category of Individual

Idaho

Idaho limits two of its 18 services. Home Delivered Meals is limited to SSI/SSP recipients and Family Planning is limited to AFDC/SSI/Essential Persons. All other services are available to 80%.

Maine

All of Maine's 45 services are available to 72%. However, Campership is limited to AFDC recipients/Essential Persons unless the child is either a child welfare recipient or a handicapped or retarded child.

Massachusetts

In Massachusetts, all services are available to 63%. However, Transportation Services are limited to SSI recipients and income eligibles who are aged. In addition, the following services are available to the blind to 80% median income: Case Management Services; Family and Individual Life Counseling; Housing Services; Low Vision Services (Vision Utilization); Orientation and Mobility Services; Rehabilitation Teaching Services; Talking Book Services; and other services when provided to blind persons by the Massachusetts Commission for the Blind.

Tennessee

All of Tennessee's 20 services are available to 70% with the exception of the following conditions:

- all services to physically or mentally disabled, or aged are available to 80%.
- for a mentally or physically disabled child under four years of age, Day Care is available to 115%.

Texas

Texas provides 34 services, 26 of which (exclusive of universals) are available to 60%. For the aged, blind, and disabled (adults only), the following 8 services are available to 65%: Chore Services; Family Care Services; Homemaker Services; Day Activity Services; Home Delivered or Congregate Meals; Special Services Provided by Foster Family Homes; Health Related Services and Alternate Living Plans.

Virginia

All of Virginia's 60 services are available to 50%. For the deaf, blind, and developmentally disabled, eligibility for all services is 70%.

States Which Have Income Levels Which Differ by Category of Individual and Service

Alaska

In Alaska seven services are available. Two are universal. Individual and Family Counseling is available to 80%. The remaining services are limited as follows:

- Family Planning - AFDC/SSI
- Day Care for Children - AFDC/SSI; Income Eligible to 80% only if the child has special physical or mental needs.
- Homehelper Service - AFDC/SSI; Income Eligible to 80% only if Aged (65+).
- Homemaker Services - AFDC/SSI; Income Eligible to 115% only if Aged (65+).

Arizona

See "States Which Have Income Levels Which Differ by Geographic Area."

Arkansas

Of its 28 services, 26 are available to 80%. Home Management Services is limited to AFDC/SSI. Health Related Services has three separate components which are available to different eligibility levels: Family Planning Medical Services are limited to Title XIX recipients; specialized health related and supportive casework (purchased only) is available to 45% median income; and health related and supportive services (provided directly) are available to 80%.

California

See "States Which Have Income Levels Which Differ by Geographic Area".

Colorado

See "States Which Have Income Levels Which Differ by Geographic Area".

Connecticut

Connecticut offers 17 services of which 2 are universal. The aged, mentally ill, and mentally retarded in residential settings have higher eligibility levels than other individuals, including mentally retarded in non-residential settings. Services available to 115% for aged (60+), mentally ill, and mentally retarded in residential settings include:

-- Counseling, Guidance and Appraisal Service

-- Day Treatment Services (mentally ill only)

-- Foster Care Services (aged only)

-- Home Management - Maintenance Services; Meals on Wheels component (aged only)

-- Services to Enhance Employability (mentally retarded only)

-- Special Education, Training and Support Services (mentally retarded only)

In addition, Residential Treatment Services is available to children and youth and the mentally ill to 115%.

Services available to other individuals, including the mentally retarded in non-residential settings can be divided into 3 other categories:

AFDC/State Supplemental Program

Day Treatment Services

AFDC/SSI/80%	AFDC/SSI/115%
Counseling, Guidance and Appraisal Service Adoption Services (Continued next page)	Day Care Services Family Planning

Connecticut (Cont.)

AFDC/SSI/80%

Community-Based Institutional-Substitute Services
Recreational, Social Development, Enrichment, and
  Adjustment Services
Foster Care Services
Home-Management-Maintenance Services
Residential Treatment Services
Services to Enhance Employability
Shelter Assistance Services
Special Education, Training and Support Services
Transportation
Legal Services except when provided by Department of Community
  Affairs; then limited to 45%.

Delaware

Delaware limits 14 of its 19 services to AFDC/SSI/Essential Persons. The exceptions are: Special Services to the Blind, Family Planning, and Services to Children in Substitute Care, all available to 74%; Day Care for Adults, available to 51%; and Day Care for Children available to 71%.

Georgia

Georgia limits 1 of its 21 services, Evaluation of Vocational Potential to AFDC/SSI. The remaining services are available to either 61% or 80% median income:

61%

Chore and/or Homemaker Service
Day Care for Adults
Employability Services
Family Planning
Health Related Services
Home Delivered or Congregate Meals
Home Management and Other Functional
  Educational Services
Legal Services
Transportation

80%

Child Care Services
Adoption
Foster Care for Adults
Foster Care for Children
  and Adolescents
Home Evaluation and Supervision
Services to Expectant Parents
Special Day Care and Training
Special Services to Children
  and Youth

Hawaii

Of its 23 services, Day Care for Children is available to 79%, and children requiring developmental disability services are eligible for services to 79%. All other services are limited to 60%.

Illinois

Illinois divides eligibility for its 28 services into 7 categories:

AFDC

- Legal Services
- Title XIX (Medicaid)
- Family Planning

AFDC-SSI

- Day Care for Adults

AFDC/SSI and General Assistance (to 80%)

- Chore and Housekeeping Service
- Health Related Services
- Home and Financial Management
- Housing Improvement
- Employment Services
- Education and Training
- Transportation

80%

- Adoption
- Day Care for Children
- Day Training for Special Needs
- Foster Care
- Services for the Blind and Partially Sighted
- Services to the Handicapped
- Short Term Evaluation
- Social and Rehabilitation Services
- Transitional Services

65%

- Unmarried Parents Services

115%

- Homemaker
- Outpatient Drug Abuse Services
- Residential Treatment
- Outpatient Services
- Work Release

Indiana

Indiana describes 56 services in its services catalogue. Two, Indigenous Chore Training and Maternity Home Service are limited to AFDC recipients. Ten services are universal. The remaining 44 services are offered to 50/80% median income.

50%

- Day Care Services for Children
- Bilingual Day Care for Children
- Family Counseling Services
- Family Planning Services
- Family Planning Counseling
- Housing Services
- General Transportation Service

80%

- Specialized Services for Handicapped Children
- Prenatal, Postpartum Care, Training and Counseling
- Program for School Absentees
- School Social Service
- Training School Age Parents

(Continued next page)

Indiana (Cont.)

50%

Single Parent Services
Adoption Services
Foster Care Supervision
Foster Care Diagnostic Services
Group & Individual Foster Parent Training
Foster Family Special Needs and Treatment Services
Group & Residential Treatment
Health Related -- Children (includes Transportation)
Health Related Services -- Adults
Urban Youth Leadership Programs
Youth Opportunity Programs
Homemaker & Parental Training
Nutrition Program for Elderly (includes Transportation)
Friendly Visitors for Adults
Legal Counseling for Elderly
Adult Day Activity Programs
Legal Services

80%

Day Programs for D.D. — Self Support
Day Program Transportation for D.D.
Diagnostic Services for D.D.
Day Activity Programs for D.D. Children/Adults
Halfway House for D.D.
Prerelease Training in Community Living Skills
Halfway House for Mentally Ill
Home Visitations/Psychiatric Social Services
Diagnostic Services for Adult Offenders
Counseling Inmates on Community Living
Diagnostic Services for Juvenile Offenders
Day Treatment Programs for Delinquents
Group Treatment Programs for Delinquents
Detoxification Program
Activities of Daily Living for Blind & Visually Handicapped

Maryland

There are 25 services available in Maryland under Title XX. With the exception of the 9 discussed below, all services are available to 80%.

SSI/Income Eligible - 80% if Aged (55+)

Day Care for Adults
Home Delivered/Congregate Meals
Multi-Purpose Senior Centers

SSI/Income Eligible to 115% if Aged (65+)

Community Home Care Services

SSI/80%

Foster Care for Adults
Services to Adults in Institutions

Services At Other Income Levels

Day Care for Children - 105%
Legal Services - 50%
Homemaker/Chore Services - 115%

Michigan

There are 17 services available in Michigan, all available to 80% under certain conditions. Four services are limited to income maintenance status unless special conditions exist: Adoption, Chore, Day Care, and Placement Services for Children. Eight services are limited to 46.4% median income unless special conditions exist: Education and Training, Employment, Family Planning, Health Related, Homemaking, Housing, Individual and Family Counseling, and Money Management. Two services are available to 80% without special conditions: Mental Health Treatment and Rehabilitation, and Placement Services for Adults.

219

Michigan (Cont.)

Special conditions which affect eligibility levels include: client is a ward of the state; client meets all criteria for SSI except income; youth is in need of supervision or adoption; neglected or abused youth under department supervision; youth or young adult with a substance problem; and adults requiring assistance in making and sustaining social contacts. For Day Care, special conditions include migrant families, single parent families and two parent families with one parent incapacitated.

Minnesota

See "States Which Have Income Levels Which Differ by Geographic Area".

Mississippi

All but 2 of Mississippi's 28 services are limited to 80%. The two exceptions are Day Care Services for Children and Adults and Work Activity Service, both available to 115%. In addition, services to the developmentally disabled child are available to 115%.

Montana

Montana offers 32 services, eight of which are income maintenance related, seven of which are specifically targeted to the developmentally disabled, and two which are available only to the aged (60+ years/45+ years if Indian). All other services are available to 80%.

AFDC/SSI	150% AFDC	150% SSI
Legal Services	Health Related-Children	Adjustment Services
	Day Care for Children	Foster Care for Adults
	Foster Care for Children	Health Related - Adults

150% AFDC/SSI

Homemaker - Chore Service

Senior Citizens (80%)

Home Delivered and Congregate Meals
Transportation

Developmentally Disabled (80%)

Daily Living Training
Preschool and Day Training
Respite Care
Training D.D. Personnel
Transportation
Vocational Services
Treatment and Follow Along

Nebraska

Of Nebraska's 17 services, 3 are universal. Child Day Care is available to 62%. Four services, Alternate Care Services for Adults, Chore Services, Day Services for Adults, and Home Delivered and Congregate Meals are limited to aged and disabled with income eligibility to 40.4%. The remaining services are available to 44%.

Nebraska (Cont.)

80% Median Income (Cont'd)

- Services for Alcohol Abusers
- Social Group Services
- Social Services in Corrections
- Transportation (except where provided in connection with services for which eligibility is higher than 80%)

90% Median Income

- Adult Activities Services
- Community Mental Health Services
- Work Activities Services
- Family Planning

115% Median Income

- Placement Services
- Parole Supervision

80% With Criteria for Priority Service

- Adult Day Care
- Child Day Care for family sizes of 3 or more
- Chore Services
- Home-Delivered Food and Meals
- Homemaker-Home Health Services
- Youth Services

New Mexico

All but 4 of New Mexico's 19 services are limited to 46% median income. The exceptions are:

-- EPSDT Support Services: Title XIX recipients only

-- Day Care for Children: available to 49%

-- Developmental Disabilities Services: available to 115%

-- Substance Addiction Services: available to 115%

New York

See "States Which Have Income Levels Which Differ by Geographic Area".

Ohio

Ohio provides 36 services. Seven services are available to 80% while the remainder of the services are limited to 54%. The 7 services available to 80% include: Day Care for Children; Day Care for Adults; Homemaker/Home Health Aide; Chore; Family Planning; Foster Care for Adults; and Mental Health and Retardation Services.

In addition, Ohio provides most services to 80% if an individual is mentally retarded or mentally ill. The services not available to 80% due to a condition of mental illness or mental retardation are: Adoption; Home Delivered Meals; Protective Payee; Special Services for the Blind; Employment

Nevada

All but 2 of Nevada's 27 services are available to 61% unless the individual is a recipient of Medicaid, in which case eligibility is to 77%. Foster Care for Children is limited to AFDC/SSI/XIX (77%) and Home Delivered Meals is limited to the aged (55+) with incomes to 61% median income. In addition, four services, Companionship and Chore, Employment (non-WIN), Homemaker and Transportation are specially targeted to the aged.

New Hampshire

New Hampshire provides 28 services. With the exception of the 9 discussed below, all services are available to 80%.

AFDC

Substitute Care and Supervision

AFDC/SSI

Employment and Training Guidance
Employment and Training Supplies Provision
Legal Services (if actual or potential abuse, to 80% median income)

AFDC/SSI/XIX (80%)

Transportation

50% Median Income

Day Camping unless Title XIX related, then to 80%.

115% Median Income

Family Day Care
Group Day Care
Rehabilitation Service

New Jersey

New Jersey's 25 services and divided into 6 categories, with 2 services being designated universal:

AFDC/SSI

Education and Training Services

44-61% Median Income (descending increments according to family size)

Legal Services

80% Median Income

Casework Management
Companionship Services
Counseling
Recreational Services for Senior Citizens
(Continued next page)

87% Median Income

Child Day Care for 2-person families

Training (WIN); and Day Care for Children/Employment and Training Related (WIN and non-WIN [2 services]).

Pennsylvania

Of Pennsylvania's 24 services, only 1, Day Care for Children, is available to 115% and then only under certain conditions, i.e., employment, training, education, and/or special handicap of the child or parent. All other services are limited to 65% with 2 exceptions:

(1) For persons 60+, all services are available to 80%.

(2) Home Delivered Meals is limited to SSI recipients and the Aged, with eligibility to 80%.

Rhode Island

Rhode Island provides 32 services. One service, Maternity Home Care, is limited to AFDC recipients and persons in foster care. Two services, Emergency Shelter for Families and Homemaker Services are limited to AFDC/SSI recipients. With the exception of Day Care for Children, available to 61.1%, all other services are provided to 50% median income.

Utah

Utah makes 16 services available. All but 2 services are available to 80%. Legal Services and the Chore and Homemaker component of Home Management Services are limited to 45%. In addition, all services but the 2 mentioned above are available to 115% if the client is developmentally disabled.

Vermont

Vermont divides eligibility for its 20 services into 5 categories:

AFDC/SSI

Employment Service
Daily Living Skills
Housing Assistance
Legal Service
Transportation (actual provision)

39% Median Income

Adult Placement Service
Day/Work Activity
Preventive Services for Adults
Emergency Shelter (universal in protective cases)
Transportation (locating or arranging)

Vermont (Cont.)

54% Median Income

Adoption
Family Planning
Foster Care for Children
Health Related Service
Residential Treatment for Adults
Residential Treatment for Children
Specialized Foster Care Service

84% Median Income

Day Care (limited to 39% and Medicaid eligibility for day treatment component)

Washington

See "States Which Have Income Levels Which Differ by Geographic Area".

West Virginia

Of West Virginia's 31 Services, 15 are available to 80% and another 7 are available without regard to income. The remaining services are divided into the following 5 categories:

AFDC

Employment Service

SSI

Adult Family Care Homes
Licensed Personal Care Homes

SSI/Income Eligible to 80%

Group Dining Services
Home Delivered Meals
Legal Services

115% Median Income

Day Care for Adults
Homemaker Services

37% Median Income

Chore Services: for disabled or blind who are eligible for or receiving benefits or aged (65+) to 37%.

States Which Have Income Levels Which Differ by Geographic Area

The states discussed below are providing Title XX services at different eligibility levels in certain geographic areas. These states have delegated, to their planning districts, the responsibility for determining the eligibility levels for service provision. In certain cases, eligibility variables are both complex and numerous (e.g., New York), and only an overview of state eligibility levels is provided. In other states, where the geographic variance is more limited (e.g., California), a complete picture of state eligibility is provided. All states in this section differentiate eligibility by category of individual and service. Thus they are cross-referenced in the section on states which vary eligibility by service and category of individual.

Arizona (17 geographic areas: 14 counties; 3 Indian Reservations)

Arizona provides 23 services under Title XX. The services and components of services are divided by 2 major headings: statewide and limited county eligibility. For those services not available statewide, the maximum eligibility level is given. Income eligibility levels for services include the following: 35%; 50%; 55%; 60%; 65%; 70%; 75%; and 80%.

Statewide Services

AFDC Only

Housekeeper Services--Families*

AFDC/SSI

Health Related Services
Home Management*

80% Median Income

Child Day Care Services
--Employment
--Parents who are physically, mentally, or emotionally incapable of providing full-time child care*
--Foster Children
Family Planning (limited to youth receiving foster care)
Foster Care*

Limited County Eligibility

AFDC/SSI

Adult Day Care Services
--Developmentally Disabled

50% Median Income

Child Day Care Services
--Physically Disabled
Nutritional Supplementation
--Physically Disabled
Special Services for Physically Disabled Individuals

Arizona (Cont.)

Statewide Services

80% Median Income

Residential Treatment
for Dependent/
Delinquent Children*
Social Problem Solving
Transportation Services*

Universal

Information and Referral
Adult Protective Services
Child Protective Services

*An asterisk (*) indicates a service provided statewide and regardless of income in a protective case.

Limited County Eligibility

60% Median Income

Adult Day Care Services
-- Physically Disabled
-- Mentally Disturbed
-- Elderly
Child Day Care Services
-- Mentally Disturbed
Health Related Services
Housekeeper Services
-- Aged
-- Developmentally Disabled Individuals
Nutritional Supplementation
-- Hospital Release
Special Services for Developmentally
Disabled Individuals
Special Services for Mentally Distubed

70% Median Income

Legal Aid and Defense

80% Median Income

Child Day Care Services
-- Developmentally Disabled Children
Educational Services
Family Planning
Home Management
Housekeeper Services
-- Families
-- Physically Disabled
Nutritional Supplementation
-- Aged
Social Development
Special Services for Children
with Problems
Special Services for Substance Abusers

California (58 counties)

Only one county limits eligibility below state levels in California. That county sets eligibility at 22% median income for the following services: Special Care for Children in Their Own Homes; Home Management; Employment/Education/Training; Services for Children with Special Problems; and Special Services for Adults. In addition, not all counties will provide all components of the various services.

The state level for services for all counties excluding the services indicated above is 80% except for the following services (and universals):

AFDC

Employment

SSI

Work Activity/Workshop
Programs for Developmentally Disabled Individuals

SSI/Income Eligible (80%)

Out of Home Care - Adults
In-home Supportive Services
(only eligible if meet all but income criteria for SSI)

84/115% Median Income

Child Day Care - 84%
except current consumers or protective case; then eligibility to 115%.

Colorado (4 geographic areas)

Colorado provides 19 services under Title XX. One geographic area has additional eligibility criteria for 2 services, Day Care and Home Management. Otherwise all geographic areas apply the same eligibility requirements for services.

All services, exclusive of universals, are available to income maintenance recipients. However, Adult Foster Care is limited to SSI and Assistance Payments status, except in protective cases, when it is available regardless of income. In addition, Day Care Services are available to 55% under the following conditions: single parent or 2 parent household with one parent incapacitated and service is needed to maintain employment or receive training/education. For the county with special eligibility, day care is available to 55% for 2 parent households with both parents working a total of 60+ hours a week.

Colorado (Cont.)

With the exception of Adult Foster Care, all services are also available to 80% under the following conditions: protective cases; children with special needs, i.e., are mentally retarded, physically handicapped, emotionally disturbed or have behavioral problems; the individual is developmentally disabled; children in foster care; and children determined delinquent or in need of supervision. For the county with special eligibility, for Home Management Services only, individuals are also eligible to 80% if they are members of a household which is a current food stamp recipient household or a current supplemental food recipient household.

Minnesota (87 counties)

Minnesota provides 31 services, of which 9 are mandated to be provided statewide to AFDC/SSI recipients and income eligibles to 115%. The services include:

- Adoption
- Day Activity Center - Children
- Foster Care - Children
- Health: Deinstitutionalization
- Protection: Sub-Acute Detoxification (Adult)
- Protection: Mentally Retarded Guardianship (Adult)
- Protection: Children
- Residential Treatment: Emotionally Disturbed Children
- Residential Treatment: Mentally Retarded Children and Adults

All of the remaining services are provided at county option and at various eligibility levels. The eligibility levels include: AFDC, SSI, 60% and 115% median income. Where counties are providing the service, most provide it to 60% or 115% median income and few limit eligibility to recipient status.

New York (57 counties and New York City)

New York has set maximum eligibility levels for its 21 services and has mandated certain services statewide. In many cases, only one category of eligibles (e.g., SSI) is mandated for a particular service. Exclusive of mandatory services, counties have the option of selecting the services they will provide and the eligibility criteria for services at or below the state's maximum levels. The list below reflects the maximum eligibility levels and mandatory services. Where a service is mandated statewide for income eligibles, it is only reflected in the mandatory service column. Information and Referral and Protective Services for Children and Adults are provided statewide without regard to income.

New York (Cont.)

Local eligibility levels range as follows: 40%, 42%, 50%, 58%, 58.3% 70% 1/, 75%, 75.23%, 84% 1/, 84.63% 1/, 85% 1/, 108%, and 108.14% 1/.

1/ Applies to day care for two-person families only.

Maximum Eligibility Levels

AFDC

Adult Welfare Education Services

62% Median Income

Educational Services
Employment Services
Family Planning Services
Health Related Services
Home Management Services
Homemaker Services
Housekeeper/Chore Services
Housing Improvement Services
Preventive Services
Social Adjustment Services
Transportation Services

115% Median Income

Social Group Services for Senior Citizens

80%/90% Median Income

Day Care for Children:
90% for 2-person family
80% for all other family sizes except for New York City.
Day Care in New York City available to higher eligibility levels, graduated according to family size: family of 2, 108.14%, family size of 4, 96.28%.

Mandatory Services

AFDC/SSI/Home Relief
(for employment only)

Day Care for Children
Family Planning

SSI Only

Health Related Services
Home Management Services
Homemaker Services
Housekeeper/Chore Services
Housing Improvement Services

62% Median Income

Foster Care Services for Adults*
Unmarried Parent Services

80% Median Income

Adoption Services*(based on child's income, not parents)
Foster Care Services for Children*

*Service mandated statewide

Washington (6 geographic areas plus one for General Day Care--5 Indian reservations comprise the 7th geographic area.)

Of Washington's 22 services, only one, Child Day Care, is affected by geographic variance. Child Day Care is available to 80% median income for the 5 Indian reservations. For all other geographic areas, the service is limited to 35%.

Washington (Cont.)

For all other services, in all geographic areas, services are available to 80% with the following exceptions:

-- Home Delivered Meals, a component of Health Support Services, is only available to recipients of SSI/SSP and FAMCO (Financial Assistance Medical Care Only). FAMCO is a state program and FAMCO recipients are income eligible under Title XX to 80%.

-- Family Planning and Alcoholism Services are limited to 50%.

-- Chore Services are available to 57% for single person families and 50% for all other family sizes.

(31)

MAXIMUM INCOME LEVELS TO WHICH SERVICES ARE OFFERED Title XX--Final CASP Plans, FY 77	Maximum Level	Most or All Services at Maximum	Most Services Not At Maximum		
Alabama	80%	x			
Alaska	115%		x		
Arizona	80%	x			
Arkansas	80%	x			
California	115%		x		
Colorado	80%	x			
Connecticut	115%	x			
Delaware	74%		x		
District of Columbia	80%		x		
Florida	73%		x		
Georgia	80%		x		
Hawaii	79%		x		
Idaho	80%	x			
Illinois	115%		x		
Indiana	80%		x		
Iowa	80%	x			
Kansas	115%	x			
Kentucky	80%	x			
Louisiana	46.96%	x			
Maine	72%	x			
Maryland	115%		x		
Massachusetts	80%		x		
Michigan	80%	x			
Minnesota	115%	x			
Mississippi	115%		x		
Missouri	80%	x			
Montana	80%	x			
Nebraska	62%		x		
Nevada	77%	x			
New Hampshire	115%		x		
New Jersey	115%		x		
New Mexico	115%		x		
New York	115%		x		
North Carolina	100%		x		
North Dakota	113%	x			
Ohio	80%	x			
Oklahoma	76.52%	x			
Oregon	105.6%	x			
Pennsylvania	115%		x		
Rhode Island	61.1%		x		
South Carolina	80%	x			
South Dakota	115%	x			
Tennessee	115%		x		
Texas	65%		x		
Utah	115%		x		
Vermont	84%		x		
Virginia	70% 1/				
Washington	80%	x			
West Virginia	115%		x		
Wisconsin	100%	x			
Wyoming	40%	x			

1/ Services to Blind, Deaf, and Developmentally Disabled to 70%, all others limited to 50%.

Technical Note #3

TITLE XX — Final CASP Plans, FY 77

"Fees for Services"

States have chosen various levels and services upon which to impose fees. The summary/comparison below indicates changes in fees for services for the program years 1976-77. The state-by-state analysis for FY 77 follows the summary.

SUMMARY

	FY 76	FY 77
The number of states that charge fees.	33	35
The number of states that charge fees for services below 80%.	25	29
The number of services for which fees are charged, state-by-state:		
-- Few Services	25	25
— Most Services	4	7
-- All Services	4	3

COMPARISON, FY 76-77

Although the absolute number of states to charge fees for services increased by two in FY 77, six states elected to initiate or eliminate fees for the new program year.

Initiate Fees, FY 77	Eliminate Fees, FY 77
Alaska	Arizona
Georgia	Idaho
Iowa	
Texas	

The states choosing to initiate fees in FY 77 have limited fees for services to one or two services with the exception of Texas. Texas will fee one service and, on a pilot basis, fee an additional eight. Both states which have eliminated fees in FY 77 have dropped eligibility levels for previously fee'ed services from 115% to 80% or below.

Otherwise, there were few changes in fees for services over the two program years. States will fee essentially the same services at the same levels.

STATES CHARGING FEES FOR SERVICES

The information presented below is based on the FY 77 median income figures. For states with initial 21 month plans, the data reflects the state's decision to either (a) increase income eligibility (dollar) levels and maintain previous percent of median income or (b) maintain the same income eligibility (dollar) levels and decrease percent of median income.

Alaska

Alaska will fee one of its seven services, Homemaker, from 80-115%.

California

Two of California's 28 services will be fee'ed. Child Day Care is fee'ed from 50-84% or 50-115%, depending upon other eligibility criteria. In-home Supportive Services are fee'ed from SSI levels to 80%, with all excess income above SSI levels being applied towards the cost of the service.

Colorado

Colorado will fee 16 of its 19 services. Of the three remaining, two are universal and the third, Adult Foster Care, will not be fee'ed.

Connecticut

Connecticut fees 10 of its 17 services from varying levels to 115%:

Counseling, Guidance and Appraisal	
-- Department on Aging	75-115%
-- Department of Mental Retardation	47.3-115%
-- Department of Mental Health:	
a) inpatient	67.3-115%
b) outpatient	48.0-115%
Day Care	43-115%
Day Treatment	
-- Department of Mental Health:	
a) inpatient	67.3-115%
b) outpatient	48.0-115%
-- Department of Children and Youth	54-80%
Family Planning (fees vary for tests, visits, etc.)	15-115%
Foster Care (Adults only)	75-115%
Home Maintenance Service	
-- Department of Social Services	SSI and income eligibles based on ability to pay to 80%
-- Department on Aging	75-115%

Safeguarding or Protective Services	
-- Department on Aging	75-115%
-- Department of Mental Health	
a) inpatient	67.3-115%
b) outpatient	48.0-115%
Residential Treatment Service	
-- Department of Social Services ability to pay	54-115%
-- Department of Children & Youth	
-- Department of Mental Health:	
a) inpatient	67.3-115%
b) outpatient	48.0-115%
Services to Enhance Employability	47.3-115%
Special Education, Training and Support Service	47.3-115%

Delaware

Of its 19 services, Delaware fees only one, Day Care for Children, from 45-71%.

District of Columbia

The District will fee 1 of its 14 services, Day Care for Children, from 45-72%.

Florida

Of its 31 services, only one, Day Care for Children is fee'ed between 37-61%.

Georgia

Georgia will fee Child Care from 61-80%. This is the only fee'ed service of 21 services available in the FY 77 Title XX plan.

Illinois

Illinois will fee 6 of its 28 services:

Day Care		49.5-80%
Outpatient Services		40-115%
Work Release		26.4-115%
Homemaker Services	)	80-115%
Outpatient Drug Abuse Services	)	
Residential Treatment	)	

Iowa

Of its 32 services, Iowa will fee 2: Homemaker Services, from 65-80%; and Day Care - Centers' Services, from 45-80%.

Kansas

Kansas will fee 12 of its 15 services from 80-115%. The other three services are universal and are not fee'ed.

Kentucky

Of the 29 services offered, only Day Care for Children is fee'ed from 20-80%.

Maryland

Maryland will fee three of its 25 services. Day Care for Children is fee'ed from 40-105%. Community Home Care Services and Homemaker/Chore Services are fee'ed from 80-115%. When part of a protective treatment plan, the fee for Homemaker/Chore and/or Day Care for Children Services may be waived for a single 30 day period.

Massachusetts

Massachusetts is imposing a fee for individuals participating in the work release component of a pre-release center. Included as part of Community Residential Services, the Department of Corrections work release program is fee'ed from 51-63%. The other 29 services are not fee'ed.

Michigan

Of Michigan's 17 services, 3 are fee'ed:

Day Care for Children	47-76%*
Chore Services	34-63%*
Placement Services — if Special Services to Mentally Retarded in Approved Community Living Facilities	41-58%*

* Services are available to individuals with incomes up to 80%; above maximum fee level, full cost of service must be paid.

Minnesota

Minnesota fees 28 of its 31 services from 60-115%. The other 3 services are universal and are not fee'ed.

Mississippi

In Mississippi 28 services are available. Two services, Day Care Services for Children and Adults, and Work Activity Service are fee'ed from 80-115%. In addition, services directed to the developmentally disabled child are fee'ed between 80-115%.

Nebraska

Of the 17 services available, only Day Care Services for Children is fee'ed from 44-62%.

New Hampshire

New Hampshire fees 3 of its 28 services from 50-115%. The services are: Family Day Care; Group Day Care; and Rehabilitation Service.

New Jersey

Seven of New Jersey's 25 services will be fee'ed:

Family Planning	50-90%
Child Day Care	80-87% (for 2 person families only)
Adult Activities Services)	
Community Mental Health Services)	80-90%
Work Activities Services)	
Placement Services)	
Parole Supervision)	80-115%

New Mexico

New Mexico has imposed fees on 2 of its 19 services. Both Services for the Developmentally Disabled and Substance Addiction Services will be fee'ed from 80-115%.

New York

New York will fee 2 of its 21 services. Social Group Services for Senior Citizens will be fee'ed from 80-115%. Day Care Services for Children will be fee'ed between 80-90% for 2 person families only in all counties except New York City. New York City will fee Day Care Services for all family sizes. The family of 4 fee level is 75.2-96.28%. (Eligibility and initiation of fee levels are graduated for New York City.)

North Carolina

Of its 31 services, North Carolina will fee the following six services from 65-100%: Chore Services; Day Care for Adults; Day Care for Children; Homemaker Services; Personal and Family Counseling; and Preparation and Delivery of Meals.

North Dakota

All of North Dakota's services are fee'ed (exclusive of the universal services). Individuals with incomes above the eligible levels can receive the service if they pay the full cost. The following services are fee'ed at various levels:

Adult Day Care	39-78.6%		
Child Day Care			
Education Services		Chore	59-78.6%
Foster Care		Homemaker	
Legal Services		Home Health Aide	
Respite Care			

The remaining 15 services are fee'ed from 78.6-113%.

Ohio

Ohio fees 9 of its 36 services from 54-80%. The services are: Day Care for Adults; Day Care for Children (3) -- Employment and Training, Protective, and Special Needs; Homemaker/Home Health Aide; Chore; Family Planning; Foster Care for Adults; and Mental Health and Mental Retardation Related Services.

In addition, with the exception of the following 7 services, all services are fee'ed between 54-80% if the individual is mentally ill or mentally retarded and receiving services through the Department of Mental Health and Mental Retardation: Adoption, Day Care for Children (2) -- Employment and Training Related: WIN and Non-WIN; Employment and Training (WIN); Home Delivered Meals; Protective Payee; and Special Services for the Blind.

Oklahoma

Of Oklahoma's 20 services, only Child Pay Care is fee'ed from 47.83-76.52%.

Oregon

Oregon will fee 11 of its 13 services. They include:

Day Care--as a component of Family Self Support	52-105.6%
Family Planning	73.5-105.6%
Family Self Support	
Preventive and Restorative Service	
Home Delivered Meals	
Housekeeping Chore	
Homemaker	
Substitute Care and Treatment Service for Children	

Foster and Group Care Facilities)
Activity Centers) 73.5-105.6%
Sheltered Workshops)
Counseling on Availability of Resources)

Of the remaining two services, Protective Services is universal and Juvenile Community Service is not fee'ed.

Pennsylvania

Of its 24 services, only 1, Day Care for Children, is fee'ed from 80-115%.

South Dakota

South Dakota will fee 19 of its 25 services. The 6 services not fee'ed include: Adult Probation and Parole; Youth Services Program; and 4 universals -- Volunteer Services, Information and Referral, and Protective Services for Children and Adults.

Of the 19 fee'ed services, all but two are fee'ed from 60-115%. The exceptions are Day Care Services, from 60-100%, and Services to Adoptive Families, from 80-115%. (See services catalogue for a complete listing of South Dakota's services.)

Tennessee

Tennessee will fee only one of its 20 services, Day Care, from 46-70%. In addition, two categories of individuals will receive day care services at different eligibility/fee levels. Day Care Services to Physically or Mentally Disabled or Aged will be fee'ed from 46-80%; and Day Care Services to Physically or Mentally Disturbed Children under four years of age will be fee'ed from 46-115%.

Texas

Texas will fee nine of its 34 services. Day Care for Children will be fee'ed for income eligibles to 65%. The remaining eight services are components of the Community Care for Aged, Blind and Disabled Adults Program. On a pilot basis, the following services will be fee'ed to 65%: Chore Services; Family Care Services; Homemaker Services: Day Activity Services; Home Delivered or Congregate Meals; Special Services Provided by Foster Family Homes; Health Related Services; and Alternate Living Plans.

Utah

Utah will fee 12 of its 16 services. Two are universal and another two, Legal Services and the Homemaker/Chore component of Home Management Services are not fee'ed. With the exception of Child Day Care Service, fee'ed from 37-80%, all other services are fee'ed from 45-80%. Additionally, the developmentally disabled have special eligibility and fee criteria:

-- For a developmentally disabled child under six, Developmentally Disabled Services are fee'ed from 80-115%.

-- For developmentally disabled individuals, all services except Legal Services and the Homaker/Chore component of Home Management Services are fee'ed from 45-115%.

Vermont

Of its 20 services, only Day Care for Children is fee'ed from 46-84%.

West Virginia

The state will fee 2 of its 31 services, Day Care for Adults and Homemaker Service from 80-115%.

Wisconsin

The state will fee 20 of its 22 services from 62.35-100%. The only services not fee'ed are Adoption Services and Information and Referral.

Number of Services Fee'ed by States, FY 77 Final CASP Plans

	Fees Below 80%	Few	Most	All
Alaska		X		
California	X	X		
Colorado	X		X	
Connecticut	X		X	
Delaware	X	X		
District of Columbia	X	X		
Florida	X	X		
Georgia	X	X		
Illinois	X	X		
Iowa	X	X		
Kansas				X
Kentucky	X	X		
Maryland	X	X		
Massachusetts	X	X		
Michigan	X	X		
Minnesota	X			X
Mississippi		X		
Nebraska	X	X		
New Hampshire	X	X		
New Jersey	X	X		
New Mexico		X		
New York	X	X		
North Carolina	X	X		
North Dakota	X			X
Ohio	X		X	
Oklahoma	X	X		
Oregon	X		X	
Pennsylvania		X		
South Dakota	X		X	
Tennessee	X	X		
Texas	X	X		
Utah	X		X	
Vermont	X	X		
West Virginia		X		
Wisconsin	X		X	

Technical Note #4

Title XX -- Final CASP Plans, FY 77

"Family Planning Services"

Estimated Expenditure, FY 77

Total Expenditure:	$70,310,066*
Percentage of Total Title XX Expenditures:	2.2%

Estimated Number of Individuals to be Served, FY 77

1,403,723*

* For states not included in totals, see attached chart and explanatory notes.

Eligibility

All states will provide family planning services to income maintenance recipients. Family planning services are also available to income eligibles in all states except Alaska, Idaho and Illinois, which limit eligibility to individuals who are receiving assistance payments and eligible for Title XIX Medicaid Services.

Eleven (11) states plan to provide family planning as a universal service. The states are:

Alabama
Colorado
Georgia
Illinois -- if a protective service
Kentucky
Louisiana -- if a protective service
Michigan
New Jersey
New Mexico
South Carolina
Tennessee

Fees

Eleven (11) states will charge fees to income eligibles. They include:

Colorado	36-80% (under special conditions)
Connecticut	15-115% (fees for examinations and tests)
Kansas	80-115%
Minnesota	60-115%
New Jersey	50-90%
North Dakota	78.6-113%
Ohio	54-80%
Oregon	73.5-105.6%
South Dakota	60-115%
Utah	45-80% (45-115% if developmentally disabled)
Wisconsin	62.35-100%

Service Components

The components of family planning definitions include:

- information on availability of resources;
- referral to availability of resources;
- education and counseling on contraceptive methods to limit family size or space the number of children; and
- medical services -- diagnosis, treatment, drugs, supplies and devices furnished by or under the supervision of a licensed physician.

Mississippi, Nebraska and New Hampshire do not include medical services in their description of family planning services, and another nine (9) states plan to provide medical services with Title XIX funds only. Counseling and referral will be available to all income eligibles. The nine (9) states are:

Arkansas
Colorado
District of Columbia
Michigan
Nevada
North Dakota
Oregon
Rhode Island
South Dakota

Fourteen (14) states provide payment for voluntary sterilization:

Alaska (Title XIX funded)
Georgia
Illinois (Title XIX funded)

Kentucky
Louisiana
Minnesota
Missouri
Montana
Nevada (Title XIX funded)
New Mexico
North Carolina
Ohio
Tennessee
Wyoming (counseling and referral only)

Seven (7) states plan to provide abortion counseling and/or medical funds for surgical procedures:

Connecticut (Title XIX funded)
Kentucky
Nevada (Title XIX funded)
New Mexico
North Carolina
Washington
Wyoming (counseling and referral only)

Coordination with Title XIX, Medicaid Program

Thirty three (33) states indicate the use of Title XIX for those individuals eligible for Medicaid. One state, Illinois is funding its family planning program with Title XIX monies except when the service is provided as a protective service; then it is funded by Title XX.

Availability

All states, with the exception of Arkansas and Oklahoma provide family planning as a discrete service. Arkansas and Oklahoma provide family planning services as a component of their Health Services and Counseling Service respectively.

Family planning services are offered statewide in most states.

Method of Service Delivery

The states' local designated agencies are providing information and referral services as well as some family planning counseling. Other counseling and medical services are being purchased from public health agencies, family planning clinics and private physicians.

Service Comparison: FY 76 and 77 Title XX Plans

Changes between the two program years include the following:

- An additional two states, Colorado and Ohio, have initiated fees for family planning in FY 77 while Arizona has eliminated fees for the service.

- Three more states, Alaska, Missouri and Nevada, will provide payment for voluntary sterilization in FY 77. Wyoming will now provide counseling and referral for the service.

- Seven states will provide abortion counseling in FY 77 as compared to five in FY 76. However, only six states will provide payment for surgical procedures.

- Fewer states will limit eligibility for family planning services in FY 77. Only three states, Alaska, Idaho and Illinois limit eligibility to recipients in FY 77 as compared to six states in FY 76.

- There has been no change in the number of states limiting the provision of medical services to income eligibles. In both FY 76 and 77, 15 states do not provide medical services to income eligibles.

- Eleven (11) states plan to provide family planning services without regard to income in FY 77. In FY 76, only Wyoming planned to provide the service without regard to income.

- Estimates for family planning in FY 77 reflect a change of -0.6%. Roughly half (48%) of the states decreased family planning expenditures as a percent of the total state budget. Decreases were generally small among states but the overall trend indicates an increasing use of Title XIX and other resources to fund family planning services. Six more states, 33 as compared to 27 in FY 76, indicate the use of Title XIX funds for those eligible for Medicaid in FY 77.

(45)

FAMILY PLANNING SERVICES TITLE XX FINAL CASP PLANS FY 77	Estimated Number of Clients FY 77 #	Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY 76-77 %
Alabama	25,000	900,522	56,219,896	1.6	-.1
Alaska	7,500	40,100	5,299,900	.8	-.3
Arizona	3,260	247,251	32,411,119	.8	-1.8
Arkansas	A component of "Health Related Services."				
California	140,954	8,352,004	407,395,431	2.1	-.4
Colorado	2,835	110,775	39,191,700	.3	-.2
Connecticut	59,450	941,803	58,608,241	1.6	+.1
Delaware	160	11,000	9,021,498	.1	+.07
District of Columbia	3,200	62,900	14,709,500	.4	-2.4
Florida	17,012	1,203,927	125,625,549	1.0	-6.6
Georgia	69,700	1,887,009	79,633,239	2.4	-2.3
Hawaii	26,415	979,329	13,558,327	7.2	0 3/
Idaho	4,959	684,965	12,630,000	5.4	2/
Illinois	Funded by Title XIX				
Indiana	155,000	996,600	40,796,661	2.4	0 3/
Iowa	11,638	496,080	45,627,645	1.1	-1.0
Kansas	10,168	609,520	35,678,095	1.7	+.1
Kentucky	137,036	1,025,000	53,473,582	1.9	+.6
Louisiana	42,990	5,295,873	58,905,539	9.0	0 3/
Maine	10,003	750,000	16,[illegible]20,833	4.6	0 3/
Maryland	7,191	432,420	64,505,690	.7	-2.3
Massachusetts	14,653	530,485	117,031,336	.5	-.5
Michigan	1044 (monthly)*	381,992	143,340,269	.3	-.1
Minnesota	6,113	398,881	61,720,224	.7	-.5
Mississippi	919	91,800	15,223,522	.6	+.2
Missouri	54,635	1,118,430	75,442,978	1.5	-1.3
Montana	2,857	300,000	11,270,000	2.7	0 3/
Nebraska	80 (monthly)*	17,293	24,333,333	.07	2/
Nevada	8,529	251,866	8,741,596	2.9	-.1
New Hampshire	8,709	636,924	12,605,948	5.1	+.5
New Jersey	30,813	3,277,782	115,019,825	2.9	-1.0
New Mexico	8,577	610,759	17,298,160	3.5	+1.0
New York	59,336	2,033,720	285,600,000	.7	-.2
North Carolina	20,000	3,610,187	82,362,493	4.4	+1.7
North Dakota	112	84,861	10,000,000	.9	0 3/
Ohio	41,836	2,017,350	169,397,133	1.2	-.4
Oklahoma	A component of "Improve Individual/Family Life Counseling."				
Oregon	36742 (monthly)*	52,311	33,670,000	.2	0 3/
Pennsylvania	37,778	2,555,555	206,691,000	1.2	+.1
Rhode Island	3,273	109,009	16,394,312	.7	+.2
South Carolina	25,561	1,070,281	43,544,277	2.5	-.9
South Dakota	2,680*	23,760	11,359,811	.2	-.1
Tennessee	64,933	4,672,166	56,253,038	8.3	+2.6
Texas	220,989	14,346,805	187,545,708	7.7	+1.0
Utah	2,190	419,160	18,500,100	2.3	+.5
Vermont	5,7[illegible]6	202,876	7,919,319	2.6	-.2
Virginia	25,256	3,889,498	78,734,459	4.9	+2.1
Washington	20,474	463,789	54,590,029	.9	-.3
West Virginia	9600 (monthly)*	1,714,318	28,907,521	5.9	-.9
Wisconsin	4,171	307,429	77,730,000	.4	0 3/
Wyoming	1,762	93,701	5,588,105	1.7	+.3
TOTAL	1,403,723 1/	$70,310,066	$3,146,326,941	2.2	-.6

FOR EXPLANATORY NOTES, SEE NEXT PAGE

EXPLANATORY NOTES FOR TITLE XX FAMILY PLANNING ESTIMATES FOR FY 77

1/
The estimated total for the number of clients to be served:

- excludes monthly population estimates for Michigan, Nebraska Oregon and West Virginia; and

- excludes comprehensive population figure for South Dakota.

2/
Service funded by Title XIX in FY 76.

3/
Twenty-one (21) month plans with no change in program year estimates.

Technical Note #5

TITLE XX -- Final CASP Plans, FY 77

"Day Care Services for Children"

Estimated Expenditures, FY 77

Total Expenditure	$742,813,180*
Percentage of Total Title XX Expenditures	24.1%

Estimated Number of Individuals to be Served, FY 77

674,388*

*For states not included in totals, see attached chart and explanatory notes.

Service Definition

Analysis of day care definitions indicates that states are providing:

- meals and snacks;
- entrance health examinations and ongoing health care;
- educational and recreational activities; and
- social development activities.

Eighteen (18) states also include transportation as a component of child day care. (It should be noted that transportation is often a separate service used for day care centers as well as other service facilities.)

Twenty (20) states specifically describe services to the mentally retarded, physically handicapped, emotionally disturbed, and/or developmentally disabled child in their general day care definition. The states include:

Alabama
Alaska
Arizona
Arkansas
Colorado
Iowa
Kansas
Mississippi
Missouri
Nevada
New Hampshire
New Jersey
North Carolina
North Dakota
Pennsylvania
Rhode Island
Tennessee
Utah
Vermont
West Virginia

In addition, four (4) states include bilingual day care and day care for children of migrant families in their general description of day care services.

The states are:

Indiana (Bilingual)
Michigan (Migrants)
New Jersey (Bilingual)
Washington (Indians/Migrants)

General day care is essentially targeted towards the employability of the parent rather than the needs of the child. The attached chart reflects expenditure/client data only on general day care. When states provide separate day care services for children with special needs, e.g., day activity/day treatment for the mentally retarded, physically handicapped and developmentally disabled, expenditure/client data is not included on the attached chart. A discussion of day care for children with special needs is found in Technical Note #13, Services to Children and Youth.

Eligibility

All states are providing day care services to income maintenance recipients. With the exception of Montana, which limits eligibility to AFDC recipients, states also provide services to a specified level of median income. However, certain states -- e.g., Alaska, Colorado and Michigan -- only provide day care to income eligibles when the child/family has special needs. Special needs include: two person families; two parent families with one parent incapacitated; migrant families; and parents/children with physical and/or mental handicaps. (Please refer to Technical Note #2, Eligibility Standards for Services, for state specifics.)

Twenty-seven (27) states plan to provide day care for children without regard to income when the service is directed to preventing or remedying neglect, abuse or exploitation of children. The states include:

Alaska
Arizona
Colorado
Florida
Georgia
Illinois
Iowa
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Missouri (Day Care Counseling Only)
Montana
Nevada
New Jersey
New Mexico
New York
Ohio
South Carolina
Tennessee
Texas
Vermont
Washington
Wisconsin
Wyoming

Fees

Thirty-one (31) states will charge fees for day care services. Of these, 27 states are imposing fees below 80% median income. In addition, 25 states have described fee schedules specifically for day care services. The states are:

California*	50-84%/115% for protective cases & present consumers
Colorado	36-55%/80% under special conditions
Connecticut*	43-115%
Delaware*	45-71%
District of Columbia*	45-72%
Florida*	37-61%
Georgia*	61-80%
Illinois*	49.5-80%
Iowa*	45-80% for Day Care Centers only
Kansas	80-115%
Kentucky*	20-80%
Maryland*	40-105%
Michigan*	47-76% under special conditions; 76-80% full payment
Minnesota	60-115%
Mississippi*	80-115%
Nebraska*	44-62%
New Hampshire*	50-115%
New Jersey*	80-87% for 2 person family only
New York*	80-90% for 2 person family except for NYC where all family sizes fee'ed; graduated fee for family size from: 75% - 108.41% (family of 2) 75% - 96.78 % (family of 4)
North Carolina*	65-100%
North Dakota*	39-78.6%
Ohio	54-80%
Oklahoma*	47.83-76.52%
Oregon*	52-105.6%
Pennsylvania*	80-115%
South Dakota	60-100%
Tennessee*	46-70%/115% if Physically or Mentally Disabled child under 4 years of age
Texas*	Income eligibles to 60%
Utah*	37-80%/45-115% if developmentally disabled
Vermont*	46-84%
Wisconsin	62.35-100%

*States which have devised special fee schedules that apply only to day care services.

Coordination with WIN Day Care

Thirteen (13) states include a description of day care for recipients receiving WIN services. In Arkansas, Michigan, Minnesota, New York, Vermont and Washington, WIN day care is included in the discussion of Title XX day care but it is funded separately. In Georgia, Iowa, Ohio, Montana, Nevada, South Dakota and West Virginia, Title XX monies will be used to provide day care services for WIN recipients.

Method of Service Delivery

States are providing day care through four common models of child care. These include licensed public and private day care centers, family day care homes, and in-home care.

Service Comparison: FY 76 and 77 Title XX Plans

Changes in day care services for children between the two program years include the following:

- In FY 77, 27 states plan to provide day care without regard to income in protective cases as compared to 5 states in FY 76.

- More states will fee day care below 80% in FY 77 -- 27 compared to 23 in FY 76, although the total number of states fee'ing day care services has only increased by one.

- States are placing more emphasis on special criteria for day care eligibility in FY 77. The emphasis appears to be on: recipient status; work-related need for service; and families and children with special handicaps. Although all states but Montana provide services to income eligibles in FY 77, the majority of states delineate in their plans special criteria for income eligibility.

- Day Care estimated expenditures decreased by 1.1% in FY 77. Part of the decrease can be accounted for by states who now separate day care for children for employment purposes from day care for children with special needs. In addition, the $16 million decrease may be partially accounted for by the necessary proration of data in FY 76.

- In some states, child day care expenditures increased substantially in FY 77 (Arizona, +$3.6 million, and Massachusetts, +$2.9 million), but the estimated Title XX budgets for these states increased to such an extent that day care expenditures as a per cent of the total budget declined. In spite of decreases in estimated expenditures for child day care, day care for children remains one of the top three expenditure estimates in the majority (44) of the FY 77 state plans.

(51)

CHILD DAY CARE FINAL CASP PLANS FY 1977	Child Day Care Estimated Number of Clients, FY 77 #	Child Day Care Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY 76-77 %
Alabama	14,127	15,727,326	56,219,896	28.0	- 1.6
Alaska	664	858,000	5,299,900	16.2	+ 5.3
Arizona	10,114	8,912,248	32,411,119	27.5	-14.8
Arkansas	7,390	6,421,542	32,150,166	20.0	-21.7
California	54,233	109,869,706	407,395,431	27.0	+ 6.6
Colorado	17,726	10,706,951	39,191,700	27.3	+ 7.3
Connecticut	Child Day Care	combined with	Adult Day Care.	See other chart.	
Delaware	2,200	4,633,855	9,021,498	51.4	- 3.8
District of Columbia	4,163	3,170,900	14,709,500	21.6	+ .3
Florida	12,660	18,786,517	125,625,549	15.0	+ 5.3
Georgia	21,019	20,278,344	79,633,239	25.5	+ 2.3
Hawaii	2,773	4,000,025	13,558,327	29.5	0 3/
Idaho	882	121,826	12,630,000	1.0	- 3.8
Illinois	102,286	54,792,000	188,662,743	29.0	- 1.7
Indiana	2,516	6,201,055	40,796,661	15.2	0 3/
Iowa	29,147	3,819,812	45,627,645	8.4	- .5
Kansas	Child Day Care	combined with	Adult Day Care.	See other chart.	
Kentucky	2,300	3,345,937	53,473,582	6.3	0
Louisiana	25,103	12,694,873	58,905,539	21.6	0 3/
Maine	2,286	2,524,701	16,220,833	15.6	0 3/
Maryland	10,386	13,958,389	64,505,690	21.6	- 4.0
Massachusetts	19,625	24,443,910	117,031,336	20.9	- 2.5
Michigan	17,264 Monthly*	32,894,239	143,340,269	23.0	- 5.7
Minnesota	11,671	6,535,218	61,720,224	10.6	- 5.3
Mississippi	Child Day Care	combined with	Adult Day Care.	See other chart.	
Missouri	12,645	11,730,536	75,442,978	15.6	- 1.8
Montana	1,262*	1,641,709*	11,270,000	14.6	0 3/
Nebraska	5,680 Monthly*	9,060,142	24,333,333	37.2	+15.7
Nevada	3,679	286,775	8,741,596	3.3	- 1.0
New Hampshire	Child Day Care	combined with	Adult Day Care.	See other chart.	
New Jersey	61,609	39,335,662	115,019,825	34.2	+ 1.6
New Mexico	3,532	3,433,359	17,298,160	19.9	-10.2
New York	68,108	129,720,524	285,600,000	45.4	- 6.8
North Carolina	12,000	16,741,510	82,362,493	20.3	-22.3
North Dakota	394	152,670	10,000,000	1.5	0 3/
Ohio	42,745	19,111,623	169,397,133	11.3	- 6.8
Oklahoma	Child Day Care	combined with	Adult Day Care.	See other chart.	
Oregon	Child Day Care	included in "Family	Life Support."		
Pennsylvania	22,793	66,659,375	206,691,000	32.3	+ 1.8
Rhode Island	6,388	1,819,904	16,394,312	11.1	- 2.5
South Carolina	4,884	9,449,841	43,544,277	21.7	+ 4.3
South Dakota	2,281 Families	*1,327,019	11,359,811	11.7	- 2.6
Tennessee	Child Day Care	combined with	Adult Day Care.	See other chart.	
Texas	41,540	33,596,024	187,545,708	17.9	- .5
Utah	5,342	3,221,507	18,500,100	17.4	- .2
Vermont	1,646	2,266,707	7,919,319	28.6	- 2.5
Virginia	16,179	12,959,083	78,734,459	16.5	+ .4
Washington	13,051	9,251,057	54,590,029	17.0	+ .9
West Virginia	5,946 Monthly*	5,366,159	28,907,521	18.6	- 7.0
Wisconsin	Child Day Care	combined with	Adult Day Care.	See other chart.	
Wyoming	3,420	984,620	5,588,105	17.6	- 2.5
TOTAL	1/ 674,388	2/ [illegible]2,813,180	3,007,371,006	24.1%	- 1.1%

FOR EXPLANATORY NOTES, SEE LAST PAGE.

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COMBINED CHILD/ADULT DAY CARE SERVICES FINAL CASP PLANS FY 1977	Day Care Estimated Number of Clients FY 77 #	Day Care Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Expenditure Estimates FY 76-77 %
Alabama					
Alaska					
Arizona					
Arkansas					
California					
Colorado					
Connecticut	11,025	9,830,081	58,608,241	16.8	- .5
Delaware					
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					
Kansas	5,983	10,602,733	35,678,095	29.7	- .7
Kentucky					
Louisiana					
Maine					
Maryland					
Massachusetts					
Michigan					
Minnesota					
Mississippi	2,911	7,433,203	15,223,522	48.8	+1.3
Missouri 4/	44,645	524,464	75,442,978	.7	- .7
Montana					
Nebraska					
Nevada					
New Hampshire	4,157	3,368,293	12,605,948	26.7	-6.2
New Jersey					
New Mexico					
New York					
North Carolina					
North Dakota					
Ohio					
Oklahoma	24,231	8,411,250	42,330,000	19.9	0 3/
Oregon					
Pennsylvania					
Rhode Island					
South Carolina					
South Dakota					
Tennessee	19,290	19,872,019	56,253,038	35.3	+17.8
Texas					
Utah					
Vermont					
Virginia					
Washington					
West Virginia					
Wisconsin	56,571	6,250,857	77,730,000	8.0	0 3/
Wyoming					
TOTAL					

FOR EXPLANATORY NOTE, SEE NEXT PAGE.

EXPLANATORY NOTES FOR TITLE XX CHILD DAY CARE SERVICES ESTIMATES FOR FY 77

1/ The estimated total for the number of day care clients to be served by Title XX in FY 77:

- excludes monthly population estimates in Michigan, Nebraska and West Virginia;
- excludes the families' estimate in South Dakota; and
- includes persons enrolled in WIN day care program in Montana.

2/ The estimated total of Title XX FY 77 expenditures for child day care includes the cost of day care for persons enrolled in WIN in Montana.

3/ Twenty-one (21) month plans with no change in program year estimates.

4/ This only represents Day Care Counseling for Children and Adults.

NOTE: When states define Day Care for Children with Special Needs as a separate service, estimates for clients served and expenditures are excluded from the totals. Special needs include blindness, mental retardation, developmental disabilities, emotional and behavioral problems, physical handicaps, etc.

Technical Note #6

TITLE XX -- Final CASP Plans

"Adult Day Care"

Estimated Expenditure, FY 77

Total Expenditure	$23,737,563*
Percentage of Total Title XX Expenditures	1.4%

Estimated Number of Individuals to be Served, FY 77

53,551

*For states not included in totals, see attached chart and explanatory notes.

Service Definition**

Historically, the primary purpose of adult day care has been to provide health care services. Under Title XX, adult day care has expanded and is more frequently defined as those services provided in a protective setting for a portion of a 24 hour day to promote social, physical and emotional well being. Typical components of the service include nutritious meals, personal care, transportation, and recreational and educational activities.

** NOTE: When states provide separate Day Care Services for Adults with Special Needs, they are excluded from this discussion and the expenditure/client data. That information is found in Technical Note #7, Services to Adults, because the emphasis of Day Care for Adults with Special Needs is intensive treatment and/or training for employment rather than custodial day care. Special needs include: blindness, physical handicaps, developmental disabilities, mental illness, etc.

Availability

Adult day care services are defined in the social service plans of 40 states. It is a discrete service in the following 26 states:

- Alabama
- Arizona
- Arkansas
- Delaware
- Florida
- Georgia
- Hawaii
- Illinois
- Kentucky
- Louisiana
- Maryland
- Minnesota
- Missouri
- Nebraska
- New Jersey
- New Mexico
- North Carolina
- North Dakota
- Ohio
- Pennsylvania
- South Carolina
- Utah
- Virginia
- Washington
- West Virginia
- Wyoming

The remaining 14 states include adult day care as a component of other service definitions.

California	Special Services for Adults Services for Disabled Individuals
Colorado	Special Services for the Developmentally Disabled in Special Programs
Connecticut	Day Care Services
Indiana	Day Activity Program
Iowa	Special Day Care
Kansas	Day Care Services
Massachusetts	Day Activity Service
Mississippi	Day Care Services
New Hampshire	Group Day Care In Home Day Care
Oklahoma	Day Care
Tennessee	Day Care Services
Texas	Day Activity Services Day Activity and Training Services
Vermont	Day/Work Activity
Wisconsin	Day Care Services

Twenty-four (24) states are providing adult day care statewide. The other 16 states are offering the service in certain designated geographic areas:

Alabama		25 out of 67 counties
Arizona		7 out of 17 geographic areas
California --	Special Services for Adults	7 out of 58 counties
	Services for Disabled Individuals	12 out of 58 counties
Georgia		4 out of 10 planning districts
Hawaii		4 out of 7 counties
Louisiana		9 out of 64 parishes
Maryland		6 out of 24 counties
Minnesota		23 out of 85 counties
Mississippi		58 out of 84 counties
New Mexico		4 out of 7 planning districts
North Carolina		60 out of 100 counties
North Dakota		7 out of 53 counties
Ohio		52 out of 88 counties
Virginia		12 out of 44 planning areas
Washington		3 out of 6 geographic areas
West Virginia		4 out of 27 geographia areas

Eligibility

The eligible categories of individuals to be served include income maintenance recipients and income eligibles in 38 of the 40 states. The two remaining states, Illinois and Kentucky, limit adult day care services to SSI recipients. In addition the following 12 states will provide adult day care without regard to income when the service is directed to preventing or remedying neglect, abuse or exploitation of adults unable to protect their own interests:

Colorado
Iowa
Kentucky
Louisiana
Missouri (Day Care Counseling Only)
New Jersey
New Mexico
South Carolina
Tennessee
Washington
Wisconsin
Wyoming

Nineteen (19) states specifically include the developmentally disabled as eligible for adult day care. In Colorado, adult day care is specifically defined as a service only for the developmentally disabled. For information on the states which provide adult day care to the developmentally disabled, please refer to Technical Note #11.

Thirty-two (32) states have included the aged as a target group eligible for adult day care. In two of these states, Connecticut and Washington, the service is limited to the aged and, in Illinois, adult day care is available only to the developmentally disabled who are over 65.

Fees

Thirteen states plan to charge fees for adult day care services. They include:

Colorado	36-80%
Connecticut	43-115%
Minnesota	60-115%
Mississippi	80-115%
North Carolina	65-100%
North Dakota	40-80%
Ohio	54-80%
Oklahoma	50-80%
Tennessee	46-70%
	46-80% if Aged, or Physically or Mentally Disabled
Texas	Pilot basis to 65%
Utah	45-80%
	45-115% if Developmentally Disabled
West Virginia	80-115%
Wisconsin	64-100%

Service Delivery

Licensed day care centers operated by both public and private providers are the most common mode of care. In addition, several states specifically describe the use of private family day care homes as another form of care.

Service Comparison: FY 76 and 77's Title XX Plans

Over the two program years, only minimal change has occurred in adult day care services.

- Three states initiated adult day care programs in their FY 77 plans. Arizona includes it as a separate service and Massachusetts and Vermont include adult day care as a component of another service.

- Two states, Iowa and Nebraska, include adult day care as a component of another service in FY 77. In FY 76, both states listed adult day care as a separate service.

- Adult Day Care estimated expenditures decreased .3% in FY 77. Part of the decrease has occurred because some states, e.g., Minnesota, now list adult day care and day activity services separately and day activity data are excluded from the totals. The service has essentially remained the same for both fiscal years.

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ADULT DAY CARE TITLE XX FINAL CASP PLANS FY 77	Adult Day Care Estimated Number of Clients FY 77 #	Adult Day Care Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY 76-77 %
Alabama	802	1,274,143	56,219,896	2.3	-1.1
Alaska					
Arizona	930	838,693	32,411,119	2.6	2/
Arkansas	554	721,401	32,150,166	2.2	+ .4
California	Adult Day Care	available but	combined with other services.		
Colorado	Adult Day Care	available but	combined with another service.		
Connecticut	Adult Day Care	combined with	Child Day Care.	See other chart.	
Delaware	33	82,500	9,021,498	.9	- .8
District of Columbia					
Florida	13,307	1,334,488	125,625,549	1.5	- .1
Georgia	700	1,673,777	79,633,239	2.1	+1.5
Hawaii	151	461,502	13,558,327	3.4	0 3/
Idaho					
Illinois	1,794	614,286	188,662,743	.3	0 3/
Indiana	Adult Day Care	available but	combined with another service.		
Iowa	Adult Day Care	available but	combined with another service.		
Kansas	Adult Day Care	combined with	Child Day Care.	See other chart.	
Kentucky	140	284,080	53,473,582	.5	0
Louisiana	- 2,271	343,315	58,905,539	.6	0 3/
Maine					
Maryland	417	677,915	64,505,690	1.1	- .1
Massachusetts	Adult Day Care	available but	combined with another service.		
Michigan					
Minnesota	615	226,930	61,720,224	.4	-6.6
Mississippi	Adult Day Care	combined with	Child Day Care.	See other chart.	
Missouri	183	164,092	75,442,978	.2	-1.6
Montana					
Nebraska	90(Monthly)*	224,934	24,333,333	.9	+ .1
Nevada					
New Hampshire	Adult Day Care	combined with	Child Day Care.	See other chart.	
New Jersey	2,235	1,107,238	115,019,825	1.0	-2.3
New Mexico	602	385,087	17,298,160	2.2	+1.1
New York					
North Carolina	1,000	2,093,261	82,362,493	2.5	- .6
North Dakota	55	52,650	10,000,000	.5	0 3/
Ohio	16,821	7,199,311	169,397,133	4.2	+1.6
Oklahoma	Adult Day Care	combined with	Child Day Care.	See other chart.	
Oregon					
Pennsylvania	6,478	2,291,550	206,691,000	1.1	+ .6
Rhode Island					
South Carolina	1,211	378,444	43,544,277	.9	- .9
South Dakota					
Tennessee	Adult Day Care	combined with	Child Day Care.	See other chart.	
Texas	Adult Day Care	available but	combined with other services.		
Utah	337	203,228	18,500, 00	1.1	- .3
Vermont	Adult Day Care	available but	combined with another service.		
Virginia	504	271,899	78,734,459	.4	-1.5
Washington	230	195,667	54,590,029	.4	+ .1
West Virginia	71(Monthly)*	106,000	28,907,521	.4	+ .2
Wisconsin	Adult Day Care	combined with	Child Day Care.	See other chart	
Wyoming	181	31,172	5,588,105	.6	-8.9
TOTAL	1/ 53,551	23,737,563	1,706,296,985	1.4%	- .3%

FOR EXPLANATORY NOTES, SEE LAST PAGE.

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COMBINED ADULT/ CHILD DAY CARE SERVICES FINAL CASP PLANS FY 77	Estimated Number of Clients FY 77 #	Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total $	Percentage Change in Expenditure Estimates FY 76-77 %
Alabama					
Alaska					
Arizona					
Arkansas					
California					
Colorado					
Connecticut	11,025	9,830,081	58,608,241	16.8	-.5
Delaware					
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					
Kansas	5,983	10,602,733	35,678,095	29.7	-.7
Kentucky					
Louisiana					
Maine					
Maryland					
Massachusetts					
Michigan					
Minnesota					
Mississippi	2,911	7,633,203	15,223,522	48.8	+1.3
Missouri 5/	44,645	524,464	75,442,978	.7	- .7
Montana					
Nebraska					
Nevada					
New Hampshire	6,157	3,368,293	12,605,948	26.7	-6.2
New Jersey					
New Mexico					
New York					
North Carolina					
North Dakota					
Ohio					
Oklahoma	24,231	8,411,250	42,330,000	19.9	0 3/
Oregon					
Pennsylvania					
Rhode Island					
South Carolina					
South Dakota					
Tennessee	19,290	19,872,019	58,253,038	33.3	+17.8
Texas					
Utah					
Vermont					
Virginia					
Washington					
West Virginia					
Wisconsin	56,571	6,250,857	77,730,000	8.0	0 3/
Wyoming					
TOTAL					

FOR EXPLANATORY NOTES, SEE NEXT PAGE.

EXPLANATORY NOTES ON TITLE XX
ADULT DAY CARE SERVICES ESTIMATES FOR FY 77

1/ The estimated total for the number of day care clients to be served by Title XX in FY 77 excludes monthly population estimates for Nebraska and West Virginia.

2/ A new service; comparison information not available.

3/ Twenty-one (21) month plans with no change in program year estimates.

4/ This only represents Day Care Counseling for Children and Adults.

NOTE: When states define Day Care for Adults with Special Needs as a separate service, estimates for clients served and expenditures are excluded from the totals. Special needs include: blindness, mental retardation, developmental disabilities, mental illness, physical handicaps, etc.

Technical Note #7

TITLE XX -- Final CASP Plans, FY 77

"Services to Adults"

Summary

A variety of social services are being provided by the states to meet the different needs of adults. These services include activities such as: employment; education and training; substitute care; and day treatment/day activity; as well as a number of services which are essentially directed to the problems of the elderly.

The following is a list of services which are most often specifically directed to adults and the number of states in which these services are available.

Employment, Education and Training	37 states
Day Services and Sheltered Workshops	32 states
Substitute Care	47 states
Services to the Aged	
Home Delivered and/or Congregate Meals	38 states
Senior Citizen Activity Centers	27 states
Companionship/Reassurance Services	15 states

A number of other services are also being provided to adults. While some services are directed specifically to adults (e.g., adult day care), others are more generally available as auxiliary or supportive services (e.g., transportation). Some of these services are more completely described in other technical notes:

Family Planning	Technical Note #4
Day Care for Adults	Technical Note #6
Home-Based Services	Technical Note #8
Health and Mental Health Services	Technical Note #9
Services to Alcohol and Drug Abusers	Technical Note #10
Services to the Developmentally Disabled, Blind and Physically Handicapped	Technical Note #11
Housing Services	Technical Note #14
Legal Services	Technical Note #15
Transportation Services	Technical Note #16

EDUCATION, EMPLOYMENT AND TRAINING

Estimated Expenditures

Total Expenditures:	$150,013,839*
Percentage of Total Title XX Expenditures:	5.0%

Estimated Number of Individuals to be Served

1,049,429*

* For states excluded from totals, see attached chart.

Service Definition

Education, Employment and Training Services are those services designed to (a) increase an individual's employment potential, or (b) provide various educational opportunities. These services typically provide counseling, training in basic skills, work orientation, and job placement.

Availability

Thirty-seven (37) states plan to provide employment, education and/or training services in fiscal year 1977. See page 7-3 of this technical note for a complete list of those services which the states plan to provide.

Employment, education, and training services are available statewide in 30 states. The remaining seven (7) states -- Arizona, California, Colorado, Minnesota, New York, North Dakota, and Virginia -- plan to provide one or more employment and/or education service in designated geographic areas.

Eligibility

Eligible categories of individuals to be served include income maintenance recipients and income eligibles in 31 states. Six states limit eligibility:

California	Employment Related Service	AFDC only
Georgia	Evaluation of Vocational Potential	AFDC/SSI
New Hampshire	Employment and Training Guidance	AFDC/SSI
	Employment and Training Supplies Provision	AFDC/SSI
New Jersey	Education and Training Employment	AFDC/SSI
New York	Adult Welfare Education	AFDC only

Four states — Kentucky, Louisiana, Michigan (Education Training only), and South Carolina — plan to provide employment and/or education services without regard to income when the service is directed to preventing or remedying neglect or abuse of individuals unable to protect themselves.

Coordination with WIN

Nine (9) states include a description of employment services for AFDC recipients receiving WIN services. In Colorado, Georgia, Michigan, Nevada, New Hampshire, and New York, WIN employment services are included in the discussion of Title XX employment services, but are funded separately. In Arkansas, Iowa, and Ohio (only if WIN funds are exhausted), Title XX funds will be used to provide employment services for WIN recipients.

Sheltered Workshops

Directed towards adults with special needs, sheltered workshops are usually described in day activity/day treatment service definitions. However, the eight (8) states listed below include sheltered workshops in their employment and/or education and training service.

Connecticut
Georgia
Massachusetts
Michigan
Ohio
Pennsylvania
South Dakota
Texas

The following is a list of the states and service(s) being provided for employment, education and training.

Arizona	Educational Services
Arkansas	Employment Services Training and Education
California	Employment Related Services Employment/Education/Training Services
Colorado	Employment Services Education and Training Services
Connecticut	Services to Enhance Employability Special Education and Support Services
Florida	Employment Services Training and Related Services
Georgia	Employability Services Evaluation of Vocational Potential
Hawaii	Employment and Training Services (for Families/Children and Individuals/Adults)

Illinois	Employment Services Education and Training Service
Iowa	Employment/Educational Services
Kansas	Habilitation and Rehabilitation Services Education Services
Kentucky	Education, Training and Rehabilitation Services Employment Related Services
Louisiana	Education and Training Services Employment Services
Massachusetts	Extended Employment Services
Michigan	Employment Services Education and Training Service
Minnesota	Employability Service Educational Assistance Service
Mississippi	Employment Related Services
Missouri	Employment Readiness Educational Service Educational Counseling Employment Related Counseling
Nevada	Employment Services Education and Training
New Hampshire	Employment and Training Guidance Employment and Training Supplies Provision
New Jersey	Employment Related Service Education and Training
New York	Employment Services Educational Services Adult Welfare Education
North Carolina	Employment and Training Support Services Educational Support Services Employment and Training Support Services for the Blind Educational Support Services for the Blind

North Dakota	Educational Services
Ohio	Employment and Training
Oklahoma	Employment Related Services Education Related Services
Oregon	Employment and Education Services are a component of Family Self Support
Pennsylvania	Employment Service
Rhode Island	Employment Services Educational Services
South Carolina	Employment Services Education and Training
South Dakota	Prevocational Training
Texas	Vocational Training Service Vocational Rehabilitation
Utah	Employment Guidance and Training Education and Training
Vermont	Employment Services
Virginia	Employment Services Educational Services
West Virginia	Employment Educational and Vocational Training
Wisconsin	Education and Training

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EMPLOYMENT, EDUCATION AND TRAINING SERVICES Title XX -- Final CASP Plans FY 77	Estimated Number of Clients FY 77 #	Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	
Alabama	—	—	—		
Alaska					
Arizona	3,277	131,088	32,411,119	.4	
Arkansas	7,370	2,215,947	32,150,166	6.9	
California	139,633	15,682,091	407,395,431	3.9	
Colorado	10,030	603,500	39,191,700	1.5	
Connecticut	15,927	14,707,118	58,608,241	25.1	
Delaware					
District of Columbia					
Florida	42,515	15,616,415	125,625,549	12.4	
Georgia	12,520	1,823,860	79,633,239	2.3	
Hawaii	3,299	1,558,487	13,558,327	11.5	
Idaho					
Illinois	38,800	7,590,286	188,662,743	4.0	
Indiana					
Iowa	2,707	918,043	45,627,645	2.0	
Kansas	11,058	8,162,292	35,678,095	22.9	
Kentucky	14,098	1,127,597	53,473,582	2.1	
Louisiana	47,247	3,493,981	58,905,539	5.9	
Maine					
Maryland					
Massachusetts	417	625,500	117,031,336	.5	
Michigan	12873(Monthly)*	7,311,215	143,340,269	5.1	
Minnesota	10,990	4,305,933	61,720,224	7.0	
Mississippi	3,235	490,065	15,223,522	3.2	
Missouri	210,888	3,127,284	75,442,978	4.2	
Montana					
Nebraska					
Nevada	16,269	258,022	8,741,596	3.0	
New Hampshire	1,591	449,505	12,605,948	3.6	
New Jersey	36,650	3,099,247	115,019,825	2.7	
New Mexico					
New York	27,823	5,209,382	285,600,000	1.8	
North Carolina	22,450	2,435,825	82,362,493	3.0	
North Dakota	203	134,735	10,000,000	1.4	
Ohio	55,480	11,958,991	169,397,133	7.1	
Oklahoma	105,629	6,746,281	42,330,000	15.9	
Oregon	Included in "Family Self Support."				
Pennsylvania	91,582	12,273,653	206,691,000	5.9	
Rhode Island	10,560	579,563	16,394,312	3.5	
South Carolina	1,763	424,371	43,544,277	1.0	
South Dakota	328	829,469	11,359,811	7.3	
Tennessee					
Texas	41,360	8,102,231	187,545,708	4.3	
Utah	2,137	792,634	18,500,100	4.3	
Vermont	1,206	281,607	7,919,319	3.6	
Virginia	24,501	4,169,913	78,734,459	5.3	
Washington					
West Virginia	7454 (Monthly)*	1,154,851	28,907,521	4.0	
Wisconsin	35,886	1,622,857	77,730,000	2.1	
Wyoming					
TOTAL	$1,049,429 *	$150,013,839	$2,987,063,207	5.0%	

* Total excludes monthly population totals in Michigan and West Virginia.

DAY SERVICES

Day services include day activity, day treatment, and day care for adults with special needs. Day services provide care in a group setting for a portion of a 24-hour day, and are directed towards individuals with physical, mental, social or emotional problems. A more intensive form of care than day care, the three major purposes of day services are: (1) to provide a therapeutic environment for the individual's development; (2) to reduce the possibility of institutionalization; and (3) to relieve family stress by removing the individual from the home for a portion of the day. Typical components of the service include:

- education and training
- social and recreational activities
- personal and social interaction skill development
- counseling
- transportation

In addition, three states -- Montana, North Dakota and Virginia -- plan to provide Respite Care. This service attempts to relieve family stress by providing supervision for the disabled individual, in his/her own home for a portion of the day; this enables the usual guardian to leave the home for brief periods of time.

The following 28 states plan to provide day treatment/day activity or day care for adults with special needs:

Alabama
Arizona
California
Colorado
Connecticut
Delaware
Georgia
Indiana
Iowa
Kentucky
Maine
Maryland
Massachusetts
Minnesota
Mississippi
Missouri
Nebraska
New Hampshire
North Carolina
New Jersey
New York
Oregon
South Carolina
Texas
Utah
Vermont
Virginia
Washington

Sheltered Workshop Services

Sheltered workshops are day employment programs directed to adults with special needs. These programs generally provide vocational evaluation, training, and employment services to the developmentally disabled, and the physically or mentally handicapped. Fourteen (14) states plan to provide sheltered employment as a separate service in fiscal year 1977.

California
Idaho
Iowa
Kentucky
Maine
Massachusetts
Montana
New Hampshire
Oregon
Texas
Virginia
Washington
West Virginia
Wisconsin

In seven states -- Arizona, Georgia, Indiana, Mississippi, Nebraska, Vermont and Utah -- sheltered workshops are described as components of day activity/day treatment programs.

Day activity/day treatment, day care for special needs and sheltered workshops are all included in the attached charts. Each of these services provides specialized day care for the physically, mentally, or emotionally handicapped, and are treated as a unit for purposes of expenditure data and numbers of clients served. However, most states include both children and adults in their service descriptions, making it difficult to determine, in most cases, either client or expenditure estimates just for adults. Therefore, the attached charts only provide information on a state-by-state basis. (We have made no attempt to total client/expenditure data for day services to adults.)

In addition to these services, regular Adult Day Care often includes a day activity component in its description. For information on Adult Day Care, please refer to Technical Note #6.

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DAY SERVICES FOR ADULTS (and Sheltered Workshops) Title XX -- Final CASP Plans FY 77	Estimated Number of Clients FY 77 #	Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	
Alabama	Children and adults combined. See other chart.				
Alaska					
Arizona	Component of "Special Svcs for the D.D., Mentally Dist., Phys. Hand."				
Arkansas					
California	6,385	8,473,621	407,395,431	2.2 (See other chart)	
Colorado	Children and adults combined. See other chart.				
Connecticut	Children and adults combined. See other chart.				
Delaware	Children and adults combined. See other chart.				
District of Columbia					
Florida					
Georgia	Children and adults combined. See other chart.				
Hawaii					
Idaho	637	930,000	12,630,000	7.4	
Illinois					
Indiana	10,000	500,000	40,796,661	1.2 (See other chart)	
Iowa	3,707	4,558,024	45,627,645	10.0 (See other chart)	
Kansas					
Kentucky	2,943	4,958,078	53,473,582	9.3	
Louisiana					
Maine	Children and adults combined. See other chart.				
Maryland	Component of "Comprehensive Svcs for Men. Retarded Adults & Children				
Massachusetts	Children and adults combined. See other chart.				
Michigan					
Minnesota	3,388	6,193,301	61,720,224	10.0	
Mississippi	30	82,552	15,223,552	.5 (See other chart)	
Missouri	Children and adults combined. See other chart.				
Montana	Children and adults combined. See other chart.				
Nebraska	Component of "Special Services for the Mentally Retarded."				
Nevada					
New Hampshire	587	1,727,285	12,605,948	13.7	
New Jersey	100	306,667	115,019,825	.3	
New Mexico					
New York	Component of "Preventive Services "				
North Carolina	85	83,703	82,362,493	.1	
North Dakota					
Ohio					
Oklahoma					
Oregon	325 (Monthly)	1,101,687	33,670,000	3.3	
Pennsylvania					
Rhode Island					
South Carolina	Component of "Special Svcs for D.D.," & Spec. Svcs for Mental Health				
South Dakota					
Tennessee					
Texas	3,244	5,119,299	187,545,708	2.7	
Utah	Component of "Developmentally Disabled Services."				
Vermont	105	123,100	7,919,319	1.6	
Virginia	2,024	2,293,000	78,734,459	2.9	
Washington	1,658	3,074,255	54,590,029	5.6 (See other chart)	
West Virginia	313 (Monthly)	966,668	28,907,521	3.3	
Wisconsin	14,800	15,562,286	77,730,000	20.0	
Wyoming					
TOTAL					

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DAY SERVICES ADULTS and CHILDREN (and Sheltered Workshops) Title XX--Final CASP Plans FY 77	Adults/Children Estimated Number of Clients FY 77 #	Adults/Children Estimated Expenditures FY 77 $	Title XX Final Plan Budget FY 77 $	Percentage of Total %	
Alabama	3,107	5,367,975	56,219,896	9.6	
Alaska					
Arizona					
Arkansas					
California	Component of "Services to Disabled Individuals." (See other chart)				
Colorado	22,610	7,724,530	39,191,700	19.7	
Connecticut	384	1,374,819	58,608,241	2.4	
Delaware	78	246,666	9,021,498	2.7	
District of Columbia					
Florida					
Georgia	11,000	19,163,012	79,633,239	24.1	
Hawaii					
Idaho					
Illinois					
Indiana	3,702	4,902,514	40,796,661	12.0 (See	other chart)
Iowa	4,297	1,560,293	45,627,645	3.4 (See	other chart)
Kansas					
Kentucky					
Louisiana					
Maine	663	1,200,989	16,220,833	7.4	
Maryland					
Massachusetts	1,524	4,262,747	117,031,336	3.6	
Michigan					
Minnesota					
Mississippi	1,855	881,480	15,223,522	5.8 (See	other chart)
Missouri	994	1,057,748	75,442,978	1.4	
Montana	1,735	1,480,437	11,270,000	13.1	
Nebraska					
Nevada					
New Hampshire					
New Jersey					
New Mexico					
New York					
North Carolina	2,500	2,913,589	82,362,493	3.5 (See	other chart)
North Dakota					
Ohio					
Oklahoma					
Oregon					
Pennsylvania					
Rhode Island					
South Carolina					
South Dakota					
Tennessee					
Texas					
Utah					
Vermont					
Virginia					
Washington	2,000	3,325,000	54,590,029	6.1 (See	other chart)
West Virginia					
Wisconsin					
Wyoming					
TOTAL					

SUBSTITUTE CARE

Forty-seven (47) states plan to provide substitute care for adults in foster family homes, group settings, institutions and residential treatment facilities. Essentially, substitute care can be subdivided into two general categories: custodial care and intensive treatment. For purposes of this analysis, 24-hour custodial care is labeled "Institutional Care." It is usually directed towards the aged and disabled and is rarely therapeutic in nature. Generally, institutional care encompasses "Foster Care," "Group Home Care," and "Institutional Care."

Intensive treatment, which we have labeled "Residential Treatment," is care provided in a therapeutic environment which may include psychiatric counseling, sheltered workshops, training in personal care, social interaction, and social development. This type of care is frequently directed to alcoholics, drug addicts, and other individuals who require specialized treatment before they can resume normal functioning in society. Twenty (20) states plan to provide "Residential Treatment" services for adults.

Since the general focus of substitute care is on the individual with physical, emotional, mental or social problems, most states include both children and adults in their service descriptions. This makes it difficult, in many cases, to determine client and expenditure estimates just for adults. Therefore, the attached charts only provide information on a state-by-state basis. (We have made no attempt to total expenditure/client estimates for substitute care for adults.)

The following list indicates the states and types of substitute care they plan to provide in FY 77.

State	Institutional Care (Foster Family, Group and Institutional)	Code	Residential Treatment (Therapeutic, Specialized)	Code
Alabama	Foster Care for Adults	A	Residential Care for Alcoholics	A
			Residential Care for the Mentally Ill	C/A
			Residential Care for the Mentally Retarded	C/A
Arizona	Adult Protective Service	A		
Arkansas	Foster Care for Adults	A	Supervised Living Services	C/A
	Institutional Placement Service	C/A		
California	Out of Home Care Services for Adults	A		
Colorado	Adult Foster Care	A		
Connecticut	Foster Care Services	C/A	Residential Treatment Services	C/A
	Community-Based Institutional-Substitute Services	C/A		
Delaware	Foster Care for Adults	A		
District of Columbia	Substitute Care Service for Adults	A		
Florida	Alternate Placement for Adults	A	Residential Treatment of Alcoholics & Alcohol Abusers in Short-term Intensive Treatment Facilities	C/A
	Nursing Home Services	A	Residential Treatment of Drug Abusers in Short-term Intensive Treatment Facilities	C/A

Code: A=Adults, C=Children, C/A=Children and Adults.

State	Institutional Care (Foster Family, Group and Institutional)	Code	Residential Treatment (Therapeutic, Specialized)	Code
Florida (cont'd.)			Residential Treatment of Children and Adults in Short-term Intensive Treatment Facilities	C/A
Georgia	Foster Care for Adults	A		
Hawaii	Foster Home Care	A	Residential Social Rehabilitation Service	A
Illinois			Residential Treatment	C/A
Indiana	Halfway House for Developmentally Disabled Halfway House for Mentally Ill Detoxification Program	C/A C/A A		
Iowa	Alternate Living for Adults Foster Care - Family Home	A C/A	Residential Treatment-Adults	A
Kansas	Residential Services	C/A		
Kentucky	Alternate Care Services Foster Care for the Aged	C/A A	Group Home Care and Services	C/A
Louisiana	Foster Care Services	C/A		
Maine	Foster Care Supervision Service to Mentally Ill-Temporary Shelter	C/A C/A	Alcoholism Services	A

Code: A=Adults, C=Children, C/A=Children and Adults.

State	Institutional Care (Foster Family, Group and Institutional)	Code	Residential Treatment (Therapeutic, Specialized)	Code
Maryland	Foster Care for Adults Services to Adults in Institutions	A A		
Massachusetts			Community Residential	C/A
Michigan	Placement Services for Adults	A		
Minnesota	Foster Care for Adults Residential Treatment: Halfway House	A C/A	Residential Treatment - Extented Rehabilitation - Chemical Dependency and Mentally Ill Residential Treatment - Mentally Retarded Children and Adults	C/A C/A
Mississippi	Community Based Care Halfway Houses for Drug Addicts and/or Alcoholics Institutional Placement	C/A C/A C/A	Halfway House for Drug Addicts and/or Alcoholics-Residential	C/A
Missouri	Foster Care Related Service Special Foster Care	C/A C/A	Halfway House Service Residential Treatment	A C/A
Montana	Foster Care for Adults	A		
Nebraska	Alternate Care-Adults	A		
Nevada	Family & Group Care	A	Counseling and Treatment for Alcohol & Drug Abusers	C/A
New Jersey	Placement Services	C/A		

Code: A=Adults, C=Children, C/A=Children and Adults.

State	Institutional Care (Foster Family, Group and Institutional)	Code	Residential Treatment (Therapeutic, Specialized)	Code
New Hampshire	Placement	C/A		
New York	Foster Care for Adults	A		
North Carolina	Foster Care for Adults	A		
North Dakota	Foster Care Service	C/A		
Ohio	Foster Care for Adults	A	Residential Treatment	C/A
Oregon	Foster and Group Care Facilities	A		
Pennsylvania	Foster Care for Adults	A		
Rhode Island			Residential Service for Ex-Felons	A
South Carolina	Alternate Care for Adults	A		
South Dakota			Alternate Care Treatment Transitional Residential Treatment Transitional Residences for Alcoholism Treatment	C/A C/A C/A
Tennessee	Foster Care Services	C/A	Residential Treatment	C/A
Texas	Special Services Provided by Foster Family Homes Alternate Living Plans	A A	24-Hour Care	C/A

Code: A=Adults, C=Children, C/A=Children and Adults.

State	Institutional Care (Foster Family, Group and Institutional)	Code	Residential Treatment (Therapeutic, Specialized)	Code
Utah	Substitute Care	C/A		
Vermont			Residential Treatment for Adults	A
Virginia	Foster Family Supervision - Adults Sheltered Living Arrangements	A A		
Washington	Placement Services	A	Alcoholism Services	C/A
West Virginia	Adult Family Care Homes Licensed Personal Care Homes Nursing Home Services	A A A		
Wisconsin	Special Living Arrangements Planning, Placement and Supervision	C/A C/A		
Wyoming	Foster Care for Adults	A		

Code: A=Adults, C=Children, C/A=Children and Adults.

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SUBSTITUTE CARE FOR ADULTS TITLE XX-FINAL CASP PLANS FY 77	Adults Estimated Number of Clients FY 77 #	Adults Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	
Alabama	1,079	1,000,070	56,219,896	.2 (See	other chart)
Alaska					
Arizona	A component of "Adult Protective Services."				
Arkansas	110	20,972	32,150,166	.07(See	other chart)
California	47,463	12,202,389	407,395,431	3.0	
Colorado	250	38,100	39,191,700	.1	
Connecticut	Adults and Children Combined. (See other chart)				
Delaware	400	227,371	9,021,498	2.5	
District of Columbia	735	235,800	14,709,500	1.6	
Florida	17,307	1,287,664	125,625,549	1.0(See	other chart)
Georgia	830	303,426	79,633,239	.4	
Hawaii	5,345	463,119	13,558,327	3.4	
Idaho					
Illinois	Adults and Children Combined. (See other chart)				
Indiana	5,714	1,142,857	40,796,661	2.8 (See	other chart)
Iowa	963	2,095,676	45,627,645	4.6 (See	other chart)
Kansas	Adults and Children Combined. (See other chart)				
Kentucky	25	22,500	53,473,582	.04 (See	other chart)
Louisiana	Adults and Children Combined. (See other chart)				
Maine	11,413	1,487,000	16,220,833	9.2 (See	other chart)
Maryland	3,651	700,007	64,505,690	1.1	
Massachusetts	Adults and Children Combined. (See other chart)				
Michigan	11,449(Monthly)	13,276,899	143,340,269	9.3	
Minnesota	1,491	269,892	61,720,224	.4 (See	other chart)
Mississippi	Adults and Children Combined. (See other Chart)				
Missouri	1,302	833,328	75,442,978	1.1 (See	other chart)
Montana	288	175,552	11,270,000	1.6	
Nebraska	200 (Monthly)	171,762	24,333,333	.7	
Nevada	381	100,080	8,741,596	1.1 (See	other chart)
New Hampshire	Adults and Children Combined. (See other chart)				
New Jersey	Adults and children Combined. (See other chart)				
New Mexico					
New York	5,174	785,745	285,600,000	.3	
North Carolina	13,000	1,504,436	82,362,493	1.8	
North Dakota	Adults and Children Combined. (See other chart)				
Ohio	11,895	894,712	169,397,133	.5(See	other chart)
Oklahoma					
Oregon	3800 (Monthly)	599,273	33,670,000	1.8	
Pennsylvania	5,855	1,225,595	206,691,000	.6	
Rhode Island	50	65,575	16,394,312	.4	
South Carolina	407	269,154	43,544,277	.6	
South Dakota	Adults and Children Combined. (See other chart)				
Tennessee	Adults and Children Combined. (See other chart)				
Texas	304	233,531	187,545,708	.2 (See	other chart)
Utah	Adults and Children combined. (See other chart)				
Vermont	725	473,790	7,919,319	6.0	
Virginia	5,770	816,648	78,734,459	.7	
Washington	21,050	781,558	54,590,029	1.4 (See	other chart)
West Virginia	4,000(Monthly)	1,863,447	28,907,521	6.5	
Wisconsin	Adults and Children Combined. (See other chart)				
Wyoming	86	19,026	5,588,105	.3	
TOTAL					

SUBSTITUTE CARE FOR ADULTS/CHILDREN Title XX-Final CASP Plans FY 77	Adults/Children Estimated Number of Clients FY 77 #	Adults/Children Estimated Expenditures FY 77 $	(78) Title XX Final Plan Budgets FY 77 $	Percentage of Total %	
Alabama	634	2,265,330	56,219,896	4.0 (See	other chart)
Alaska					
Arizona					
Arkansas	11,206	2,288,271	32,150,166	7.1 (See	other chart)
California					
Colorado					
Connecticut	12,326	9,610,678	58,608,241	16.4	
Delaware					
District of Columbia					
Florida	9,010	265,075	125,625,549	.2 (See	other chart)
Georgia					
Hawaii					
Idaho					
Illinois	2,583	4,085,714	188,662,743	2.2	
Indiana	83	486,857	40,796,661	1.1 (See	other chart)
Iowa	5,326	2,702,856	45,627,645	5.9 (See	other chart)
Kansas	5,600	4,789,984	35,678,095	13.4	
Kentucky	6,385	2,532,367	53,473,582	4.7 (See	other chart)
Louisiana	7,410	6,123,893	58,905,539	10.4	
Maine	2,779	1,080,824	16,220,833	6.7 (See	other chart)
Maryland					
Massachusetts	$160(Monthly)	17,111,602	117,031,336	14.6	
Michigan					
Minnesota	5,457	4,114,924	61,720,224	6.7 (See	other chart)
Mississippi	5,680	1,063,540	15,223,522	7.0	
Missouri	27,787	8,289,904	75,442,978	11.0 (See	other chart)
Montana					
Nebraska					
Nevada	329	88,793	8,741,596	1.0 (See	other chart)
New Hampshire	6,755	972,788	12,605,948	7.7	
New Jersey	49,786	11,463,691	115,019,825	10.0	
New Mexico					
New York					
North Carolina					
North Dakota	1,065	647,162	10,000,000	6.5	
Ohio	11,157	15,831,651	169,397,133	9.3 (See	other chart)
Oklahoma					
Oregon					
Pennsylvania					
Rhode Island					
South Carolina					
South Dakota	1,713*	1,797,370	11,359,811	17.4	
Tennessee	7,271	3,701,410	56,253,038	6.6	
Texas	150	325,006	187,545,708	.2 (See	other chart)
Utah	2,237	3,218,046	18,500,100	17.4	
Vermont					
Virginia					
Washington	1,895	1,019,670	54,590,029	1.9 (See	other chart)
West Virginia					
Wisconsin	14,571	1,196,971	77,730,000	1.5	
Wyoming					

*Includes non-Title XX recipients.

SERVICES TO THE ELDERLY

Title XX social service plans, when describing services to adults, will usually emphasize the elderly as a special target group for services. For example, Adult Foster Care is almost always directed to the aged, but includes other adults as well. In addition, there are several services which are directed almost entirely to the special needs of the aged, e.g., home delivered meals, reassurance services, etc. Because Title XX has been an income-related program and states have not been required to describe the characteristics of those eligible categories of individuals to be served, it is often difficult to determine exactly what services the aged, as a special group, are receiving. "SSI Recipients" is a common category which includes but is not limited to elderly individuals, and "Income Eligible" categories presumably include those aged who are eligible for Title XX services.

Due to the difficulty of explicating either the number of aged to be served, or the estimated expenditures for this group, this summary is limited to the three services most commonly directed to the aged--Home Delivered and/or Congregate Meals, Senior Citizen Activity Centers, and Companionship/Reassurance Services.

HOME DELIVERED AND/OR CONGREGATE MEALS

Estimated Expenditures, FY 77

Total Expenditure: $23,062,574*
Percentage of Total
Title XX Expenditures: 1.2%

Estimated Number of Individuals to be Served, FY 77

141,033*

* For states not included in totals, see attached chart and explanatory notes.

Service Definition

Home Delivered and/or Congregate Meal Services provide well balanced, medically appropriate meals for clients who, because of age or disability, are unable to do so themselves. The meals may be delivered to the client's own home or may be provided in a group setting, where often the intention is to reduce isolation as well as to provide adequate nutrition.

Availability

Home Delivered and/or Congregate Meals are available in 38 states. They are provided as a discrete service in the following 31 states:

Home Delivered and Congregate Meals

Alabama
Arizona
Georgia
Indiana
Iowa
Kansas
Louisiana
Maine
Maryland
Minnesota
Mississippi
Missouri
Montana
Nebraska
North Carolina
Ohio
South Carolina
Tennessee
Texas
Virginia
West Virginia
Wisconsin

Home Delivered Meals ONLY

Arkansas
Florida
Idaho
Nevada
New Hampshire
New Jersey
Oregon
Pennsylvania

Congregate Meals ONLY

Oklahoma

In six states -- California, Connecticut, New York, North Dakota, Utah, and Washington -- home delivered and/or congregate meals are provided but are described as components of other services. And, in four states, Massachusetts, New York, Oregon and Pennsylvania, congregate meals will be provided only within the framework of Senior Citizen Activity Centers.

Of the 31 states which describe home delivered and/or congregate meals as discrete services, 19 states plan to make the service available statewide. The remaining 12 states plan to provide the service in only a portion of their designated geographic areas:

Alabama	5 out of 67 counties
Arizona	11 out of 17 counties
Georgia	5 out of 10 planning districts
Idaho	4 out of 7 planning districts
Louisiana	60 out of 64 parishes
Maryland	6 out of 24 counties and Baltimore City
Minnesota	38 out of 87 counties
Mississippi	3 out of 84 counties
Nevada	2 out of 3 geographic areas
Ohio	51 out of 88 counties
North Carolina	46 out of 100 counties
Virginia	12 out of 44 planning areas

Eligibility

The eligible categories of individuals to be served include SSI recipients and income eligibles who are aged, blind or disabled. Two states, Idaho and Oklahoma, have limited the service to SSI recipients. Louisiana, South Carolina, Tennessee, and Wisconsin plan to provide home delivered and/or congregate meals without regard to income when the service is directed to preventing or remedying abuse, neglect or exploitation of individuals unable to protect themselves.

In 14 states, the service will also be available to AFDC recipients. The states include:

Alabama
Arizona
Georgia
Iowa
Kansas
Louisiana
Minnesota
Missouri
New Jersey
North Carolina
Ohio
South Carolina
Tennessee
Wisconsin

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HOME DELIVERED/ CONGREGATE MEALS Title XX--Final CASP Plans FY 77		Estimated Number of Clients FY 77 #	Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Estimated Expenitures FY 76-77 %
Alabama	H/C	1,875	696,912	56,219,896	1.2	+.3
Alaska						
Arizona	H/C	5,028	858,705	32,411,119	2.7	2/
Arkansas	H	2,485	718,177	32,150,166	2.2	+.4
California	H/C	Meals included in "Special Services for Adults."				
Colorado						
Connecticut	H	"Meals on Wheels" included in "Home Management-Maintenance Service."				
Delaware						
District of Columbia						
Florida	H	1,998	508,080	125,625,549	.4	+.1
Georgia	H/C	4,500	538,807	79,633,239	.7	+.2
Hawaii						
Idaho	H	330	45,581	12,630,000	.4	-1.0
Illinois						
Indiana	H/C	4,167	2,464,751	40,796,661	6.0	0 3/
Iowa	H/C	1,729	197,326	45,627,645	.4	0
Kansas	H/C	760	277,132	35,678,095	.8	+.1
Kentucky						
Louisiana	H/C	4,005	2,331,725	58,905,539	4.0	0 3/
Maine	H/C	1,800	530,500	16,220,833	3.3	0 3/
Maryland	H/C	1,643	200,000	64,505,690	.3	-.2
Massachusetts	C 4/					
Michigan						
Minnesota	H/C	1,247	146,067	61,720,224	.2	0
Mississippi	H/C	230	65,680	15,223,522	.4	+.1
Missouri	H/C	55,504	3,535,816	75,442,978	4.7	+3.0
Montana	H/C	5,551	183,334	11,270,000	1.6	0 3/
Nebraska	H/C	1013 (monthly)	533,192	24,333,333	2.2	+.9
Nevada	H	184	81,657	8,741,596	.9	-.8
New Hampshire	H	2,436	416,054	12,605,948	3.3	+.2
New Jersey	H	927	390,195	115,019,825	.3	+.2
New Mexico						
New York	H/C 4/	Home Delivered Meals included in "Preventive Services."				
North Carolina	H/C	1,500	812,107	82,362,493	1.0	+.3
North Dakota	H	Home Delivered Meals included in "Nutrition Services."				
Ohio	H/C	22,396	1,788,698	169,397,133	1.1	+.9
Oklahoma	C	1,727	1,333,334	42,330,000	3.2	0 3/
Oregon	H/C 4/	120 (monthly)	62,814	33,670,000	.2	0 3/
Pennsylvania	H/C 5/	6,702	1,447,683	206,691,000	.7	-2.5
Rhode Island						
South Carolina	H/C	598	232,708	43,544,277	.5	-.3
South Dakota						
Tennessee	H/C	2,667	955,470	56,253,038	1.7	+1.2
Texas	H/C	3,806	1,037,862	187,545,708	.6	+.3
Utah	H/C	Meals included in "Socialization & Reassurance Services."				
Vermont						
Virginia	H/C	1,126	294,761	78,734,459	.4	-.3
Washington	H	Home Delivered Meals included in "Health Support Services."				
West Virginia	H/C	350 (monthly)	173,446	28,907,521	.6	-.1
Wisconsin	H/C	4,114	204,000	77,730,000	.3	0 3/
Wyoming						
TOTAL		141,033 1/	$23,062,574	$1,931,927,487	1.2%	+.1%

FOR EXPLANATORY NOTES, SEE NEXT PAGE.

EXPLANATORY NOTES ON TITLE XX
HOME DELIVERED/CONGREGATE MEALS
ESTIMATES FOR FY 77

1/ The estimated total for the number of clients to be served excludes monthly population estimates in Nebraska, Oregon, and West Virginia.

2/ A new service; comparison information is not available.

3/ Twenty-one (21) month plans with no change in program year estimates.

4/ Congregate meals only availabe as a component of Senior Citizen Center Services.

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SENIOR CITIZEN ACTIVITY CENTERS

Senior Citizen Activity Centers are designed to promote social contact by providing daytime activities in a group setting. Typical components of the service include: recreational and educational programs; congregate meals; and training in the use of leisure time. Twenty-seven (27) states plan to use Title XX funds for such activities in fiscal year 1977. While these services are not usually described as "Senior Citizen Centers," SSI recipients are eligible for the service and the activities described above are usually included in the service definition.

Arkansas	Socialization Services
Arizona	Nutritional Supplementation
Connecticut	Recreational, Social Development and Adjustment Services
Florida	Social Group Service
Indiana	Adult Day Activity Programs
Illinois	Social and Rehabilitation Services
Louisiana	Recreational Services
Maryland	Multi-Purpose Senior Citizen Centers Social Participation Services
Massachusetts	Recreation Services
Minnesota	Social and Recreational Services
Mississippi	Recreation: Leisure Time
Missouri	Recreation Services
Nevada	Recreation Services
New Jersey	Recreation Services for the Aged
New Mexico	Day Services for Adults
New York	Social Group Services for Senior Citizens
North Carolina	Social Development through Therapeutic Group Services Services to Meet the Special Needs of the Aging, Disabled, and Handicapped
North Dakota	Recreational Services

Ohio	Developmental (Socialization) for Adults
Oklahoma	Improve Individual/Family Life Functioning
Pennsylvania	Center Service for the Elderly
South Carolina	Recreation Services
Utah	Socialization and Reassurance Services
Virginia	Socialization and Recreation Services
West Virginia	Interpersonal and Social Skills Development
Wisconsin	Recreation
Wyoming	Socialization Services

COMPANIONSHIP/REASSURANCE SERVICES

Fifteen (15) states plan to provide services to individuals in need of companionship. Components of this service typically include telephone reassurance, light housekeeping, and friendly visitor services. Companionship/Reassurance Services are intended to reduce isolation and promote social contact.

Alabama	Social Functioning
Arkansas	Socialization Services
Florida	Companionship Services
Indiana	Friendly Visitors for Adults
Nevada	Companionship and Chore Services
New Jersey	Companionship Services for the Aged and Developmentally Disabled
North Carolina	Services to Meet the Special Needs of the Aging, Disabled, or Handicapped
North Dakota	Telephone Reassurance Companionship Services
Ohio	Developmental (Socialization) for Adults
Pennsylvania	Socialization/Recreation Services
South Carolina	Companionship Services
Tennessee	Companionship Services
Texas	Family Care Services
Utah	Socialization and Reassurance Services
Virginia	Companionship Services

These services will certainly be available to the aged, but AFDC recipients, SSI recipients, and other families and individuals who are income eligible will also receive these services.

Service Comparison: FY 76 and FY 77 Title XX Plans

There has been a slight increase in the number of states providing services to the elderly in FY 77, as can be seen from the summary below:

	FY 76	FY 77
Home Delivered and/or Congregate Meals	37 states	38 states
Senior Citizen Activity Centers	23 states	27 states
Companionship/Reassurance Services	13 states	15 states

Changes in the two program years include:

- Arizona plans to provide Home Delivered and Congregate Meals in FY 77; in FY 76, the state did not provide the service. In addition, Michigan has eliminated provision for congregate meals and Massachusetts has instituted a program for congregate meals within the Senior Citizen Center context in FY 77.

- Although Kentucky and Michigan have eliminated Senior Citizen Centers from their social service plans in FY 77, six states have added the service--Arizona, Indiana, Massachusetts, New Mexico, Ohio, and South Carolina.

- Arkansas, Ohio and South Carolina have added Companionship/Reassurance Services to thier social service plans in FY 77. Iowa, which provided the service in FY 76, does not plan to provide the service in FY 77.

OTHER SERVICES TO ADULTS

Most states plan to provide social services which have components directed to the needs of adults. In order to provide a more complete picture of services to adults, a brief description of these services follows.

- Adult Day Care: Typically includes personal care, nutrition, education and recreational activities, and health care for the aged or disabled adult.

- Adult Protection Services: Available without regard to income in 49 states, and designed to prevent or remedy neglect, abuse or exploitation of adults unable to protect themselves. All states, if they so choose, can provide any Title XX social service without regard to income in a protective case.

- Assessment, Diagnosis, and Evaluation: A systematic appraisal of an individual's pertinent physical, psychological, vocational, educational, and social needs in an effort to provide appropriate social services and/or treatment.

- Day Care for Children: Is an integral component of all employment and training services for adults.

- Family and Individual Counseling: Attempts to assist individuals in all facets of community living. This service helps the individual to identify problem areas, make appropriate use of community resources, and to improve interpersonal relations.

- Health and Mental Health Services: Designed to aid the individual in identifying health needs, to ensure appropriate care and to maintain an individual's health. Services for mentally ill individuals usually include counseling and crisis intervention.

- Home-Based Services: Includes Homemaker, Home Health Aide, Home Management and Chore Services. Directed towards more efficient functioning in the home, these services can include: housekeeping; personal care; home maintenance; and instruction in the areas of nutrition, budget management and consumer education.

- Legal Services: Provided to assist with consumer and employment problems, housing disputes, and other civil legal matters.

- Probation and Parole Services: Designed to guide an individual's reentry into the mainstream of society, these services are available in California, Indiana, Illinois, New Jersey, Rhode Island, South Carolina, and South Dakota.

- Services to Alcohol and Drug Abusers: Education, counseling and various types of substitute care, intended not only to help adults who may be experiencing problems with substance abuse, but also to provide educational information in an effort to prevent such problems.

- Services to Disabled Adults: Provide a variety of services for diagnosing, counseling and caring for the needs of emotionally disturbed, physically handicapped, mentally retarded, blind, and other developmentally disabled adults.

- Transportation: Available in all states, transportation services provide the individual with access to other community and Title XX resources and services.

Technical Note #8

TITLE XX — Final CASP Plans, FY 77

"Home-Based Services"

Estimated Expenditures for FY 77

Total Expenditure:	$445,525,931*
Percentage of Total Title XX Expenditures	13.2%

Estimated Number of Individuals to be Served, FY 77

1,624,282*

*For states not included in totals, see attached chart and explanatory notes.

Introduction

Home-Based Services include a wide variety of activities, usually directed towards more efficient functioning of the family or the individual within the home. Because these services are sometimes separate, sometimes combined, and often subsumed in a more comprehensive service definition, they have been treated as a unit for purposes of data analysis.

Those service titles which most frequently describe Home-Based Services are listed below:

- Homemaker Services are general household activities (meal preparation, child care, and routine household care) provided by a trained homemaker when the individual regularly in charge of such activities is temporarily absent or unable to adequately manage the home and care for the personal needs of others in the home.
- Chore Services are most often described as home maintenance activities (repairs, yard work, shopping, house cleaning) performed by an untrained person for individuals unable to do such chores themselves. Personal care activities are often included as well.
- Home Management Services are described as formal or informal instruction and training in child care, home maintenance, meal preparation, budget management, and consumer education.

- **Home Health Aide Services** are medical home care activities provided by nursing aides. Such activities include maintaining an individual's health by assisting the individual in carrying out physician's instructions and administering medications.

Availability

At least one type of Home-Based Service is included in all 51 social services plans. To provide a more complete summary, a list follows of the states and the home-based services they plan to provide. The state-by-state comparison on the attached chart represents the total expenditures and numbers served for all the home-based services included in this list.

Alabama	Homemaker Services for Adults Homemaker Services for Children Home Training for the Blind and Deaf Home Training for the Mentally Retarded
Alaska	Homemaker Services Homehelper Services
Arizona	Home Management Housekeeper Services
Arkansas	Chore Services Homemaker Services Home Management Services
California	In Home Supportive Services Home Management and Other Functional Education Services Home Management and Other Functional Education Services for Mentally Disabled Individuals
Colorado	Financial Management Home Management Homemaker Services
Connecticut	Home Management/Maintenance Service
Delaware	Homemaker Services
District of Columbia	Chore Services Homemaker Services

Florida	Chore Services Consumer Education and Protection Home Management Services Homemaker Services
Georgia	Chore and/or Homemaker Services Home Management and Other Functional Education Services
Hawaii	Chore (Housekeeping) Service for Children and Adults Homemaker Service for Children and Adults
Idaho	Chore Services Homemaker Services
Illinois	Chore/Housekeeping Homemaker Services Home and Financial Management
Indiana	Chore and Housekeeping Services Indigenous Chore Training Homemaker and Parental Training
Iowa	Chore Services Homemaker Services Home Management and Functional Education
Kansas	Chore Services Homemaker Services
Kentucky	Home Management/Homemaker Services
Louisiana	Home Management Services Homemaker and Chore Services
Maine	Homemaker/Health Aide Services Social Diagnosis and Evaluation Services
Maryland	Homemaker/Chore Services
Massachusetts	Chore Services Homemaker Services Home Management Services
Michigan	Chore Services Homemaking Services Money Management Services

Minnesota	Chore Services Homemaking Services Money Management Services
Mississippi	Homemaker Services
Missouri	Chore Services Homemaker Services Home Management Services
Montana	Homemaker/Chore Services
Nebraska	Chore Services Housekeeper Services for Adults Homemaker Service for Families
Nevada	Companionship and Chore Services Home and Money Management Homemaker Services
New Hampshire	Chore Services Home and Family Management Services Homemaker Services
New Jersey	Chore Services Homemaker-Home Health Services
New Mexico	Chore Services Homemaker Services
New York	Home Management Services Homemaker Services Housekeeper/Chore Services
North Carolina	Chore Services Homemaker Services Home Management and Maintenance Services Chore Services for the Blind Home Management and Maintenance Services for the Blind
North Dakota	Chore Services Homemaker Services Homemaker/Health Aide Services
Ohio	Chore Services Homemaker/Home Health Aide Services Home Management Services Consumer Education

Oklahoma	Home Management is included in "Improve Individual and Family Life Functioning." (No data obtainable.)
Oregon	Housekeeping (Chore) Homemaker
Pennsylvania	Chore Service Homemaker Service Life Skills Education
Rhode Island	Homemaker Services Family Management and Adjustment Services
South Carolina	Chore Services Homemaker Services Life Skills Education Services
South Dakota	Homemaker/Chore Service/Home Health Aide
Tennessee	Chore Services Homemaker/Caretaker and Aide Services
Texas	Chore Services Homemaker Services Emergency Homemaker Services Family Care Services Emergency Family Services
Utah	Home Management Services
Vermont	Daily Living Skills Preventive Services for Adults
Virginia	Chore Services Homemaker Services Home Health Services Home Management Services Homemaking Skills for the Blind
Washington	Homemaker Services Chore Services
West Virginia	Chore Services Homemaker Services Home Management

Wisconsin	Home and Financial Management Chore Services Personal Care Services
Wyoming	Chore Services Home Management Services Homemaker Services

Eligibility

Home-Based Services include a wide array of services. Some states have limited certain services to income maintenance recipients, while providing other home-based services to income eligibles as well as to AFDC and SSI recipients. Four states have limited their total set of services to income maintenance recipients: Alaska, Delaware, Nebraska and Rhode Island.

In addition, the following 26 states plan to provide one or more of their home-based services without regard to income when the service is directed towards preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests.

Alaska
Arizona
Colorado
District of Columbia
Florida
Idaho
Illinois
Indiana
Iowa
Kentucky
Louisiana
Maryland
Massachusetts
Michigan
Minnesota
Missouri
Nevada
Ohio
Rhode Island
South Carolina
Tennessee
Texas
Virginia
Washington
Wisconsin
Wyoming

For more detailed eligibility information on Home-Based Services, see Technical Note #2, Eligibility Standards for Services.

Fees

Nineteen states plan to charge fees for one or more Home-Based Services. These states, the service titles, and the corresponding fee levels are listed below:

Alaska	Homemaker Services (Aged, 65+ only)	80-115%
California	In Home Supportive Services	From SSI levels to 80%
Colorado	Financial Management) Home Management) Homemaker)	36-80%
Connecticut	Home Management/Maintenance Services -- Department of Social Services	From SSI levels to 115%, based on ability to pay
	-- Department on Aging	75-115%
Illinois	Homemaker Services	80-115%
Iowa	Homemaker Services	65-80%
Kansas	Chore Services) Homemaker Services)	80-115%
Maryland	Homemaker/Chore Services	80-115%
Michigan	Chore Services	34-63% eligible to 80%; pay full cost of service from 63-80%
Minnesota	Chore Services	60-115%
North Carolina	Chore Services) Homemaker Services)	65-100%
North Dakota	Chore Services) Homemaker Services) Homemaker/Health Aide)	59-78.6%
Ohio	Chore Services) Homemaker/Home Health Aide) Home Management Services*) Consumer Education*)	54-80%

*Only available and fee'ed (from 54-80%) if to mentally ill/mentally retarded.

Oregon	Housekeeping (chore)) Homemaker Services)	73.5-105.6%
South Dakota	Homemaker/Chore Services/Home Health Aide	60-115%
Texas	Chore Services Homemaker Services	Pilot Basis to 65%
Utah	Home Management Services (only Home Management Skills and Consumer Education)	45-80%
West Virginia	Homemaker Services	80-115%
Wisconsin	Home and Financial Management) Chore Services) Personal Care Services)	62.35-100%

Service Delivery

Home-Based Services frequently differ with respect to the training of the individual service provider. Homemaker and home health aide services are most often provided by trained individuals under agency supervision. Chore and housekeeping services are usually provided by neighbors or volunteers with arrangements made by the local public agency or by the clients themselves. Home management services consist of formal or informal instruction on how to provide better home care and how to better manage finances. These classes are often sponsored by the local public social services agency.

Indiana is unique in that it describes an Indigenous Chore Training Service which will be offered to AFDC recipients in two counties. These service recipients will then become service providers.

Service Comparison: FY 76 and 77 Title XX Plans

Home-Based Services have undergone significant change between FY 76-77. Changes include the following:

- A total estimated increase of $65 million dollars or +1.7% for FY 77. Of the 23 states which increase expenditure estimates, the majority fall in the +2-5% range.

- The number of states charging fees for Home-Based Services increased by 2 in FY-77. However, four new states -- Alaska, Iowa, Oregon and Texas -- will charge fees and two states -- Arizona and New Jersey -- eliminated fees in FY 77.

- Twenty-five (25) states will provide Home-Based Services without regard to income in protective cases in FY 77.

- Although there was minimal change in the total number of services available among the states, seven states have grouped services and now include formerly discrete services in a more comprehensive service title. The states are:

  California
  Maryland
  Missouri
  Tennessee
  Texas
  Utah
  West Virginia

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HOME-BASED SERVICES TITLE XX -- FINAL CASP PLANS FY 77	Estimated Number of Clients #	Estimated Expenditures FY 77 $	TITLE XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change Home-Based Services Expenditures FY 76-77 %
Alabama	7,820	3,917,161	56,219,896	7.0	-3.2
Alaska	1,109	619,400	5,299,900	11.7	+4.3
Arizona	5,467	1,306,321	32,411,119	4.0	+ .7
Arkansas	3,188	1,651,376	32,150,166	5.1	0
California	149,085	124,216,557	407,395,431	30.5	+4.7
Colorado	9,223	5,219,635	39,191,700	13.3	-7.6
Connecticut	4,000	1,860,870	58,608,241	3.2	- .6
Delaware	363	469,989	9,021,498	5.2	+2.2
District of Columbia	2,231	2,231,800	14,709,500	15.2	-5.5
Florida	82,374	6,525,406	125,625,549	5.2	+ .6
Georgia	46,281	5,266,757	79,633,239	6.6	0
Hawaii	1,819	889,023	13,558,327	6.6	0 2/
Idaho	7,025	970,333	12,630,000	7.7	+ .4
Illinois	140,457	31,912,000	188,662,743	16.9	-1.0
Indiana	20,979	5,405,965	40,796,661	13.3	0 2/
Iowa	67,974	8,579,006	45,627,645	18.8	+1.6
Kansas	26,307	4,393,698	35,678,095	12.3	- .7
Kentucky	4,143	3,310,000	53,473,582	6.2	-2.3
Louisiana	80,414	2,481,723	58,905,539	4.2	0 2/
Maine 3/	16,392	3,061,675	16,220,833	18.9	3/
Maryland	4,867	4,583,567	64,505,690	7.1	-6.6
Massachusetts	33,997	18,544,231	117,031,336	15.9	+2.5
Michigan	21,191 (monthly)	34,638,657	143,340,269	24.2	+2.1
Minnesota	18,144	7,177,786	61,720,224	11.6	+2.3
Mississippi	1,888	299,725	15,223,522	2.0	+1.2
Missouri	149,470	4,067,424	75,442,978	5.4	- .7
Montana	1,039	658,299	11,270,000	5.8	- .6
Nebraska	2,317 (monthly)	2,624,365	24,333,333	10.8	+4.3
Nevada	10,926	1,255,234	8,741,596	14.4	-2.8
New Hampshire	6,010	1,287,263	12,605,948	10.2	-1.7
New Jersey	70,157	10,705,511	115,019,825	9.3	-1.6
New Mexico	5,146	2,028,323	17,298,160	11.7	+3.0
New York	60,438	11,610,529	285,600,000	4.1	-3.4
North Carolina	61,150	10,469,520	82,362,493	12.7	+3.4
North Dakota	1,358	811,793	10,000,000	8.1	0 2/
Ohio	106,904	14,676,711	169,397,133	8.7	+1.4
Oklahoma	Included in "Improve Individual/Family Life Functioning"				
Oregon	1,211 (monthly)	3,549,219	33,670,000	10.5	0 2/
Pennsylvania	100,042	13,434,189	206,691,000	6.5	-6.9
Rhode Island	20,864	3,023,502	16,394,312	18.4	+2.5
South Carolina	24,958	2,698,110	43,544,277	6.2	-4.2
South Dakota	1,104	915,760	11,359,811	8.1	+3.1
Tennessee	15,883	3,347,546	56,253,038	6.0	+3.2
Texas	147,420	50,931,617	187,545,708	27.2	+21.8
Utah	1,435	1,206,509	18,500,100	6.5	-1.7
Vermont	3,480	629,543	7,919,319	8.0	+3.7
Virginia	24,056	3,512,915	78,734,459	4.5	0
Washington	42,350	10,014,888	54,590,029	18.4	+5.9
West Virginia	5,179 (monthly)	3,963,608	28,907,521	13.7	+2.1
Wisconsin	32,571	8,007,429	77,730,000	10.3	0 2/
Wyoming	1,974	563,463	5,588,105	10.1	+5.7
TOTAL	1,624,282 1/	445,525,931	3,367,139,850	13.2%	+1.7%

FOR EXPLANATORY NOTES, SEE NEXT PAGE

EXPLANATORY NOTES FOR
TITLE XX HOME-BASED SERVICES
ESTIMATES FOR FY 77

1/
The estimated total for clients to be served in FY 77 excludes the monthly population estimates for Michigan, Nebraska, Oregon, and West Virginia.

2/
Maine was incorrectly represented in the FY 76 technical note on Home-Based Services. Maine has a 21 month plan and the figures indicated for FY 77 should have been recorded for FY 76.

3/
A 21 month plan with no change in program year estimates.

Technical Note #9

TITLE XX — Final CASP Plans, FY 77

"Health and Mental Health Services"

Estimated Expenditure, FY 77

Total Expenditure:	$124,251,960*
Percentage of Total Title XX Expenditures:	4.4%

Estimated Number of Individuals to be Served, FY 77

2,048,541*

* For states not included in totals, see attached chart and explanatory notes.

NOTE: Florida's "Health Education Service" and Tennessee's "Child Health and Development Service" are included in the health expenditures chart.

Service Definition

The most common definition used to describe health related services in the Title XX plans is: assisting individuals and families to attain and maintain a favorable condition of health by helping them to identify and understand their health needs; arranging for necessary medical and preventive treatment, health maintenance services and follow-up with the resources which provide services.

Availability

Health services are provided as a separate service in 40 states. In addition, eight (8) states provide health counseling and related services as components of other service definitions in their FY 77 final plans. The states are:

Alabama	Health services are included in "Counseling Services"
Connecticut	"Counseling, Guidance and Appraisal Services" provides for health services assistance

Massachusetts	"Family and Individual Life Education and Counseling Services" includes health services
Mississippi	"Counseling for Self Care" includes general health services and referral for EPSDT
Nebraska	Health services assistance provided by "Information and Referral" service
Oregon	"Family Self Support" includes a health services component
Pennsylvania	"Personal Care Assessment Service" includes provision of health services
South Dakota	"Basic Services to Families and Children" provides for health service assistance

Usually, health services are provided statewide. Alaska, Maine, and Wyoming have no provision for health services in their FY 77 final plans.

__Eligibility__

All but one of the 40 states, Texas, will provide health services to AFDC and SSI recipients. Texas limits income maintenance recipients to individuals receiving SSI. Two states, Illinois and Delaware, limit eligibility to recipient status. The remaining 38 states make services available to income eligibles. Special conditions for income eligibility affect:

Kansas	Children only (EPSDT)
Montana	Income eligibles only if aged, blind or disabled
Texas	Income eligibles only if aged, blind or disabled

In addition, 13 states--Colorado, District of Columbia, Florida, Kentucky, Louisiana, Maryland, Michigan, Missouri, New Hampshire, New Mexico, South Carolina, Tennessee, and Wisconsin--plan to provide health services without regard to income when the service is directed to preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests.

__EPSDT__

Twenty two (22) states specifically include an EPSDT (Early And Periodic Screening and Diagnostic Treatment) referral program for children in their health services definition. Of the 22, four states--Kansas, New Mexico Montana and Virginia--include EPSDT referral as a separate service.

Service Comparison: FY 76 and 77 Title XX Plans

Changes in health services over the two program years include:

- An increase of one (1) state providing health services as a discrete service and an increase of two (2) states providing health services as a component of other services.
- An increase of one (1) state, New Mexico, providing EPSDT as a separate service.
- The percentage of total estimated expenditures for health services decreased by .8% in FY 76 and 77. There are minor percentage changes in most state estimates. Where noticeable changes have occured, e.g., Arizona, Arkansas, Maryland, New Jersey and Virginia, last year's manipulation of estimated expenditure data (9 month plan data prorated to 12 months) may partially explain the difference in expenditure levels for the two fiscal years.

MENTAL HEALTH SERVICES

Service Definition

Mental health services are an integral component of any health support system and are most often defined as: a system of services designed to foster the mental health of the individual and to assure care for the treatment of mental illness and disability. Components of this service may include: diagnosis, evaluation and counseling; residential treatment; and special services such as group therapy and employment related services.

Availability

The 24 states listed below have described separate services which are being directed to individuals with mental health problems. In addition to the following list, Georgia, Rhode Island, and Utah provide mental health services as a component of their health and counseling services.

Expenditures for mental health services are not included in the expenditure estimates for health services.

Alabama	Mental Health Counseling; Residential Care Services for Mentally Ill
Arizona	Special Services for the Mentally Disturbed
Arkansas	Mental Health Services

California	Special Services for Mentally Disabled Adults and Their Families
Connecticut	Counseling, Guidance and Appraisal Service; Day Treatment Services; Residential Treatment Services
Florida	Residential Treatment for Emotionally Disturbed Children and Adults in Short-Term Intensive Treatment Facilities
Indiana	Group and Residential Treatment Service; Half-way House for the Mentally Ill
Iowa	Mental Health Services; Residential Treatment - Children; Residential Treatment - Adults
Kentucky	Day Treatment Service; Preschool Day Training and Treatment Service
Maine	Services to the Mentally Ill — Health Care
Maryland	Comprehensive Mental Health Services
Michigan	Mental Health Treatment and Rehabilitation Services
Minnesota	Residential Treatment Services: Emotionally Disturbed Children
Mississippi	Comprehensive Social Treatment for Children — Residential
Missouri	Psychiatric and Psychological Testing; Residential Treatment
New Jersey	Community Mental Health Services
Ohio	Mental Health and Mentally Retardation Related Services; Residential Treatment. In addition, the mentally ill are eligible for all but seven (7) services provided by the state to 80%, while other individuals are eligible for most services to 54% median income.
South Carolina	Special Services for Mental Health
South Dakota	Mental Health Evaluation and Treatment; Residential Treatment for Emotionally Disturbed Children; Transitional Residential Treatment

Texas	Family Care Services; Outreach Services; Community Treatment Services; Community Services; Crisis Services; Day Activity and Training Services; Sheltered Employment Halfway House Service; Socialization Service; Twenty-four Hour Care
Vermont	Residential Treatment Service -- adults and children
Virginia	Mental Health Counseling and Treatment Services
Washington	Mental Health
West Virginia	Preinstitutionalization, Admission and Aftercare

Service Comparison: FY 76 and 77 Title XX Plans

Changes in Mental Health Services over the two program years include the following:

- An increase of seven (7) states providing mental health services as a discrete service. The states are: Arizona, Arkansas, California, Connecticut, Florida, Maryland, and New Jersey.
- Between FY 76 and 77 a shifting emphasis from referral and counseling services to diagnostic and residential treatment services.

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HEALTH SERVICES TITLE XX FINAL CASP PLANS FY 77	Health Services Estimated Number of Clients, FY 77 #	Health Services Estimated Expenditures FY 77 $	Title XX Final Plan Budget FY 77 $	Percentage of Total %	Percentage Change Health Services Expenditures FY 76-77 %
Alabama	Health Services included in "Counseling Services."				
Alaska					
Arizona	10,503	1,144,122	32,411,119	3.5	-2.0
Arkansas	122,903	1,596,022	32,150,166	5.0	-2.8
California	123,169	13,885,646	407,395,431	3.4	-1.1
Colorado	11,260	1,227,700	39,191,700	3.1	-1.0
Connecticut	Health Service assistance included in "Counseling, Guidance & Appraisal Service"				
Delaware	15,000	70,535	9,021,498	.8	-.9
District of Columbia	32,000	980,500	14,709,500	6.7	+.4
Florida	133,365	15,677,171	125,625,549	12.5	+.6
Georgia	90,840	8,012,556	79,633,239	10.1	+.5
Hawaii	27,195	759,002	13,558,327	5.6	0 3/
Idaho	7,446	1,028,484	12,630,000	8.1	+5.4
Illinois	41,371	2,302,857	188,662,743	1.2	-.1
Indiana	141,800	1,031,800	40,796,661	2.5	0 3/
Iowa	7,939	3,079,505	45,627,645	6.8	+.6
Kansas	42,000	860,524	35,678,095	2.4	-.3
Kentucky	137,895	2,198,054	53,473,582	4.1	+1.1
Louisiana	133,834	8,370,063	58,905,539	14.2	0 3/
Maine	1/	1/	1/	1/	
Maryland	4,846	449,560	64,505,690	.7	-4.4
Massachusetts	Health Svs. included in "Family & Individual Life Education & Counseling Svc"				
Michigan	21344 (monthly)	9,326,075	143,340,269	6.5	-.2
Minnesota	16,602	2,727,577	61,720,224	4.4	-.6
Mississippi	Health Service included in "Counseling for Self Care."				
Missouri	56,092	2,473,140	75,442,978	3.3	+.4
Montana	13,770	427,061	11,270,000	3.8	0 3/
Nebraska	Health Service assistance included in "Information and Referral."				
Nevada	13,726	229,657	8,741,596	2.6	-.9
New Hampshire	5,593	279,661	12,605,948	2.2	-.7
New Jersey	18,253	3,767,353	115,019,825	3.3	-2.2
New Mexico	20,299	939,064	17,298,160	5.4	-7.2
New York	64,253	3,344,052	285,600,000	1.2	-.7
North Carolina	129,500	4,509,321	82,362,493	5.5	-1.2
North Dakota	1,069	751,081	10,000,000	7.5	0 3/
Ohio	125,369	3,634,604	169,397,133	2.2	-.4
Oklahoma	171,667	6,458,277	42,330,000	15.3	0 3/
Oregon	Health Services included in "Family Self Support."				
Pennsylvania	Health Services included in "Personal Care Assessment Service."				
Rhode Island	31,744	1,930,591	16,394,312	11.8	+.9
South Carolina	3,565	782,374	43,544,277	1.8	+.2
South Dakota	Health Svc. assistance included in "Basic Services to Families & Children."				
Tennessee	57,911	6,266,981	56,253,038	11.1	-2.2
Texas	2,911	1,418,422	187,545,708	.8	0
Utah	5,427	652,941	18,500,100	3.5	+1.5
Vermont	870	48,641	7,919,319	.6	-1.6
Virginia	89,217	3,773,314	78,734,459	4.8	-2.9
Washington	104,880	523,651	54,590,029	1.0	-1.0
West Virginia	9930 (monthly)	1,832,307	28,907,521	6.3	-.3
Wisconsin	32,457	5,481,714	77,730,000	7.1	0 3/
Wyoming					
TOTAL	2,048,541 2/	$124,251,960	$2,859,223,873	4.4%	-.8%

FOR EXPLANATORY NOTES, SEE NEXT PAGE

EXPLANATORY NOTES FOR TITLE XX
HEALTH SERVICES ESTIMATES FOR FY 77

1/ The State of Maine was incorrectly included in the FY 76 expenditure chart for health services. Maine only includes health services for the mentally ill in their plan.

2/ The estimated total for number of persons to be served by Title XX in FY 77 excludes monthly population estimates for Michigan and West Virginia.

3/ Twenty-one month plans with no change in program year estimates.

NOTE: Expenditures for mental health services ARE EXCLUDED from the chart.

Technical Note #10

TITLE XX -- Final CASP Plans, FY 77

"Services to Alcohol and Drug Abusers"

The Title XX plans indicate that the states are planning to provide services to individuals with alcohol or drug abuse problems. However, Title XX is an income eligible program and states are not required to describe the characteristics of the eligible categories of individuals. A survey of the plans indicate that services to alcohol and drug abusers are available in the following types of services.

- Services directed solely to the treatment of alcoholism; or solely to the treatment of drug addiction;
- Services directed to treatment of both alcoholism and drug abuse;
- Services directed to broadly defined health needs, frequently labeled "Health Related Services," which contain a component on the treatment of alcoholism and drug abuse;
- Services directed to comprehensive sets of social problems, including alcoholism and drug abuse, e.g., "Individual and Family Counseling," "Case Management," and "Information and Referral."
- Additionally, although alcoholics or drug abusers are not singled out as an eligible category of individuals in any Title XX plan, such individuals may be eligible for all Title XX services based on their eligibility as a member of an AFDC family, a recipient of SSI, or on income (each state determines its own income eligibility levels). These individuals may receive other social services which will help alleviate the problems connected with substance abuse, (e.g., child abuse, employment counseling).

Service Definition

Services to alcohol and drug abusers typically include some or all of the following components:

- Information, referral and education
- Counseling
- Detoxification and withdrawal programs
- Medical services or hospitalization
- Short and long-term residential treatment

- Room and Board for six months
- Rehabilitation
- Vocational trrining
- Resocialization
- Transportation

Availability

Twenty-two states define services to alcohol and drug abusers as a discrete service.

Alabama
Arizona
Florida*
Hawaii
Illinois
Indiana
Iowa
Kentucky
Maine
Maryland
Minnesota
Mississippi
Missouri
Nevada
New Jersey
New Mexico
North Carolina
South Carolina
South Dakota
Virginia
Washington
West Virginia*

* The state not only provides discrete services to alcohol and drug abusers but includes these target groups in other service definitions.

In most states, the services are available statewide.

In another 18 states components of services are specifically directed to individuals with alcohol or drug abuse problems. A description of these states and the services follows. Because services to alcoholics and drug abusers are sometimes separate, sometimes combined, and very often subsumed in a more comprehensive service, it was not possible to cull out the estimates for the number of persons served or expenditures.

Arkansas

"Special Services for the Disabled"
Casework, case management, transportation and information and referral will be available to individuals addicted to drugs as well as other disabled and handicapped individuals.

California

"Health Related Services"
Information, technical assistance, supervision, referral of individuals to appropriate health care, disability prevention and treatment programs.

"Services to Disabled Individuals"
Those activities provided to adults and children with specific handicaps for which specialized physical, social and economic help is needed.

Colorado

"Health Related Services"
To help individuals with alcohol and drug related problems secure admission to appropriate alcohol and drug treatment facilities.

"Individual and Family Adjustment"
Counseling with individuals and families in matters relating to alcohol and drug abuse.

"Information and Referral"
Making referrals to Agencies which provide alcohol and drug abuse services.

Connecticut

"Community Based Institutional-Substitute Services"
Placement, supervision, evaluation and meeting on-going needs of alcoholics, drug users, and others.

"Counseling, Guidance and Appraisal Services"
Individual and group therapy for alcoholics, drug users, and others.

Georgia

"Health Related Services"
Services as defined in the Drug and Alcohol Abuse Standards are included in the service definition. Also room and board is included for residential programs.

Kansas

"Residential Services"
Services include medical care which includes methadone treatment. That is the only indication that the service is for drug abusers.

Massachusetts

"Community Residential Services"
This service includes a description of detoxification centers.

"Family and Individual Life Counseling"
Includes medical and remedial care when provided by an alcoholic outpatient program.

Michigan

"Health Related Services"

Definition includes a description of counseling related to substance abuse. In addition, youth and young adults (13-25) with substance abuse problems receive other services (e.g., family planning, employment, education and training, etc.) at higher income levels.

New York

"Health Related Services"

A component of this service is directed to helping individuals with alcohol and drug abuse problems.

North Dakota

All services described in the plan (excluding child care) are targeted at programs to alcoholics and drug abusers, as well as the developmentally disabled, families, youth, and adults.

Ohio

"Health Related Services"

Included in this service is helping individuals with health needs related to alcohol and drug abuse to identify their needs and provide treatment.

Oklahoma

"Improve Individual/Family Life Functioning"

This service includes a component on alcoholism and drug abuse.

Pennsylvania

"Counseling Services"

Includes counseling for alcoholism problems and nonmedical therapeutic activities.

Rhode Island

"Health Related Services"

Two components relate to alcoholism: (1) outpatient services for alcoholics; and (2) counseling and residential service for alcoholics.

Texas

Alcoholic and drug abuse problems are included in the definition of the following services: "Outreach," "Crisis," "Community Services," "Day Activity and Training," "Halfway Houses," "Sheltered Employment," "Socialization," and "24-hour Care."

Utah

"Counseling"

Detoxification, alcohol and drug education, short term residential treatment to include room and board for a period of not more than six months; medical care when not available under Title XIX.

Vermont

"Residential Treatment for Adults"

Twenty-four hour residential service including social and medical services as necessary.

Wyoming

"Counseling"

Individual and group guidance for drug addicts and alcoholics.

In the following 11 states, there is no mention of services for alcohol and drug abusers as discrete services or as components of other service definitions.

Alaska
Delaware
District of Columbia
Idaho
Louisiana
Montana
Nebraska
New Hampshire
Oregon
Tennessee
Wisconsin

The above states, with the exception of Alaska, Nebraska and Oregon, provide Health Related Services. However, services to alcohol and drug abusers are not mentioned as a component of their Health Related Services.

Eligiblity

Categories of individuals to be served include income maintenance recipients and income eligibles in all states. In addition, 4 states, Alabama, Illinois Kentucky, and Missouri, plan to make services to alcohol and drug abusers available without regard to income when the service is directed to preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests.

Service Comparison: FY 76 and 77 Title XX Plans

Changes in services to alcohol and drug abusers over the two program years include:

- Six states, Arizona, Florida, Minnesota, Mississippi, New Jersey and New Mexico define services to alcohol and drug abusers as a discrete service in the FY 77 CASP plans. In FY 76, these states defined the services as components of other definitions with the exception of Mississippi, which made no mention of services to alcohol and drug abusers.

- In FY 77, Utah plans to provide alcohol and drug abuse services as a component of "Counseling." In FY 76, Utah defined services to alcohol and drug abusers as a discrete service — "Counseling - Drug and Alcohol."

- In FY 77 Nebraska makes no mention of plans to provide services to alcohol and drug abusers. In FY 76, Nebraska provided "Alcoholism Services."

Technical Note #11

TITLE XX -- Final CASP Plans, FY 77

"Services to the Developmentally Disabled, Blind and Physically Handicapped"

A broad spectrum of services are directed to the developmentally disabled and the blind. When attempting to describe the Title XX services being directed to these two groups, it is very difficult to separate such services from those being offered to the physically handicapped and/or mentally ill.

Services to the developmentally disabled and blind are provided in several ways. Some states make developmental disability services available as discrete services; others include them as components of broader service definitions. Some states provide all or most of their services to the developmentally disabled and blind.

Because of the difficulty in determining the number of developmentally disabled and blind to be served, and the expenditures directed to these groups, this technical note is limited to listing the states and the titles of services being made available to them. Please refer to the Services Catalogue for client and expenditure data for services available in the state plans.

This technical note is divided into three sections: Services to the Developmentally Disabled; Services to the Blind; and Services to the Physically Handicapped. A listing of states and services provided to the developmentally disabled and blind follow at the end of this technical note.

There were no significant changes in services being provided to the developmentally disabled and blind over the two program years.

Services to the Developmentally Disabled

Service Definition

Services for developmentally disabled individuals include but are not limited to counseling, casework, employment training, and instructional living situations to assist the developmentally disabled in the development of their potential.

Availability

Of the 50 states that describe services to the developmentally disabled, the following 25 states provide separate services to developmentally disabled individuals:

Alabama
Arizona
California
Colorado
Delaware
Georgia
Indiana
Kentucky
Maine
Maryland
Minnesota
Mississippi
Montana
Nebraska
Nevada
New Jersey
New Mexico
North Carolina
Rhode Island
South Carolina
South Dakota
Tennessee
Utah
Virginia
Washington

Wyoming makes no mention of the developmentally disabled in its service definitions.

Eligibility

All states (50) providing services to the developmentally disabled make these services available to income maintenance recipients. In all states except Delaware, which limits services to income maintenance recipients, services are available to income eligibles.

The developmentally disabled have expanded access for services in seven (7) states. The states which have established higher levels of median income for eligibility standards include:*

	DD	OTHERS
Colorado	80 %	AFDC/SSI/EP except for Day Care/55%
Hawaii	79 %	60 %
New Mexico	115 %	80 %
Ohio	80% (mentally retarded)	54 %
Tennessee	80/115%	70 %
Utah	115 %	80 %
Virginia	70 %	50 %

*See Technical Note #2 for additional information on specific eligibility standards.

The District of Columbia, Hawaii and North Dakota make all services provided in their FY 77 CASP plans available to the developmentally disabled.

Colorado, Missouri, Ohio, Pennsylvania, Utah and Virginia make most of their services available to the developmentally disabled.

The list of states and services being provided to the developmentally disabled is attached.

Services To The Blind

Thirty-four (34) states are providing services for the blind. Of these, the following 22 states include Special Services to the Blind in their FY 77 plans:

- Alabama
- Arkansas
- California
- Delaware
- Illinois
- Indiana
- Maine
- Maryland
- Massachusetts
- Minnesota
- Mississippi
- Missouri
- Nevada
- North Carolina
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Virginia
- Washington

Services to the blind include training in motor and mobility skills, personal care, home management, communication skills, arrangement for and provision of aids, supplies and appliances. Educational counseling, rehabilitation programs and counseling and referral for parents or relatives of these handicapped individuals may also be included.

Eligibility

The thirty-four (34) states providing services to the blind make these services available to income maintenance recipients and income eligibles. The following two (2) states provide special income eligibility standards for the blind:

	Blind	Others
Massachusetts	80%	63%
Texas	65%	60%

The list of states and services being provided to the blind is attached.

Services To The Physically Handicapped

Although services to the physically handicapped are most often combined with services directed toward the developmentally disabled and the blind, the following eleven (11) states provide services to the handicapped as discrete services:

Alabama

Day Care for the Physically and/or Mentally Handicapped

Arizona

Special Services for the Physically Disabled Individual

Arkansas

Special Services for the Disabled

Illinois

Services to Handicapped Children

Indiana

Special Services for Handicapped Children

Maine

Services to the Handicapped: Recreation

Maryland

Special Services to the Handicapped

Mississippi

Special Services to the Handicapped

North Carolina

Services to meet the Special Needs of the Aging, Disabled and Handicapped

South Carolina

Developmental Services for the Physically Handicapped

South Dakota

Special Services for the Handicapped

Services to the Developmentally Disabled

The following is a list of states and services directed to the developmentally disabled:

Alabama

Residential Care Services for the Mentally Retarded
Day Care for the Physically/Mentally Handicapped
Home Training for the Mentally Retarded
Foster Care for Adults

Alaska

Day Care Services

Arizona

Child Day Care Services
Special Services for Developmentally Disabled Individuals

Arkansas

Day Care for Children
Day and Residential Camping Services
Family Maintenance Service
Supervised Living Service

California

Work Activity/Workshop
Programs for Developmentally Disabled Individuals (Adults)
Special Services for Mentally Disturbed Children and Their Families
Special Services for Mentally Disturbed Adults and Their Families
Home Management and Other Functional Educational Services for Mentally Disturbed Individuals

Colorado

Day Care
Services for the Developmentally Disabled in Special Programs
(most services are available to the developmentally disabled)

Connecticut

Counseling, Guidance and Appraisal Service
Service to Enhance Employability
Special Education, Training and Support Service

Delaware

Daytime Care and Activities for the Mentally Retarded
Health Related Social Services

District of Columbia

All services directed toward the developmentally disabled

Florida

Counseling
Escort Service
Health Support Service
In-Home Supervision
Training and Related Services
Transportation Services
Homemaker Services
Social Group Services

Georgia

Foster Care for Adults
Special Day Care and Training (Mentally Retarded)
Evaluation of Vocational Potential

Hawaii

Developmentally Disabled have special access to all services

Idaho

Sheltered Workshop Services

Illinois

Day Care for Children
Day Training for Special Needs
Residential Treatment

Indiana

Day Programs for the Developmentally Disabled--Self Support
Day Program Transportation for the Developmentally Disabled
Diagnostic Service for the Developmentally Disabled
Day Activity Programs for the Developmentally Disabled (Child and Adults)
Halfway House for the Developmentally Disabled

Iowa

Mental Health Service
Sheltered Environment -- Sheltered Workshops
Special Day Care
Alternate Living for Adults
Day Care in a Family Day Care Home
Health Related Services
Mental Health Services
Transportation

Kansas

Habilitation and Rehabilitation

Kentucky

Adult Activities and/or Work Center Activities (Developmentally Disabled)
Continuing Care Service
Preschool Day Training and Treatment Service
Sheltered Workshop Services

Louisiana

Coordination of Services with the Mental Retardation Division of LHHRA.

Maine

Camping Services
Handicapped-Recreational Activities
Special Services for Mental Retardation:
- Preparation and Placement for Community Living
- Maintenance in Community Placement
- Individual Counseling
- Family Group Counseling
- Developmental Activities for the Handicapped
- Work Training Activities
- Linkage/Referral/Connecting
- Transportation
- Recreation/Socialization
- Psychological Evaluation
- Occupational Therapy
- Speech Therapy

Maryland

Comprehensive Services for Mentally Retarded Adults and Children
Special Services to the Handicapped

Massachusetts

Day Activity Service
Extended Employment Services
Family and Individual Life Education and Counseling Service
Sheltered Workshop Service
Therapeutic Day Service

Michigan

Mental Health Treatment and Rehabilitation Service
Community Placement for Adults

Minnesota

Protective Services (Adults): Mentally Retarded Guardianship
Residential Treatment: Mentally Retarded Children and Adults
Employability Service
Day Activity Center for the Mentally Retarded -- Children
Day Activity Center for the Mentally Retarded -- Adults

Mississippi

Special Services to Developmentally Disabled Children: Residential
Special Services to Developmentally Disabled Children: Non-residential
Special Services to the Handicapped: Developmental Day Training
Institutional Placement

Missouri

Most services directed to developmentally disabled.

Montana

Daily Living Training/Developmentally Disabled
Preschool Day Training/Developmentally Disabled
Transportation/Developmentally Disabled
Treatment--Follow Along/Developmentally Disabled
Respite Care for the Developmentally Disabled

Nebraska

Special Service to the Cerebral Palsied
Special Service to the Mentally Retarded

Nevada

Services to Alleviate the Effects of Mental Retardation
Education and Training
Recreation

New Hampshire

Family Day Care
Group Day Care
Rehabilitation Service
Residential Camping
Day Camping

New Jersey

Adult Activity for the Developmentally Disabled
Education and Training
Work Activity for the Developmentally Disabled

New Mexico

Services to the Developmentally Disabled

New York

Foster Care Services for Adults

North Carolina

Day Care -- Children
Day Care -- Adults
Services to Meet the Special Needs of the Mentally Retarded

North Dakota

All services directed toward developmentally disabled.

Ohio

Day Care for Children with Special Needs
Mental Health and Mental Retardation Related Services
(Most services directed to the developmentally disabled.)

Oklahoma

Day Care Service

Oregon

Family Self Support
Preventive and Restorative Services
Foster and Group Care Facilities
Activity Centers
Sheltered Workshops

Pennsylvania

Counseling
Day Care Services (Adults)
Day Care Services (Children)
Employment Services
Foster Care Services (Adults and Children)
(Most services directed to the developmentally disabled.)

Rhode Island

Specialized Counseling for the Retarded
Self Care Service for the Retarded
Vocational Service for the Retarded

South Carolina

Special Services for the Developmentally Disabled
Substitute Care for Children

South Dakota

Special Developmentally Disabled Evaluation Service
Community Living Training
Community Placement Service
Prevocational Training

Tennessee

Day Care Services to the Mentally Retarded
Companionship Services

Texas

Family Care Services
Outreach Services
Community Services
Crisis Services
Day Activity and Training Services
Halfway House
Sheltered Employment
Socialization Service
24-Hour Care

Utah

Developmentally Disabled Services
(Most services directed to the developmentally disabled.)

Vermont

Day Care: Children
Day/Work Activity
Employment Services
Residential Treatment for Adults

Virginia

Day Care to Adults: Developmental
Day Care to Children: Developmental
Infant and Child Simulation
Respite Care
Training to Maximize Independence
Foster Care to Children
Mental Health Counseling and Treatment
Sheltered Workshop
(Most services directed to the developmentally disabled.)

Washington

Health Support Services
Sheltered Workshops
Developmentally Disabled Case Service
Developmental Centers (Day Training)
Developmentally Disabled Home Aide Resources

West Virginia

Day Care Children
Adult Family Care Homes
Education and Vocational Training Service
Foster Care for Children
Sheltered Workshop
Employment Services

Wisconsin

Day Services Program
Sheltered Employment

Wyoming

No specific services directed to developmentally disabled.

Services to the Blind

The following is a list of states and services directed to the blind:

Alabama

Home Training Service for Blind and/or Deaf

Arkansas

Special Services for the Blind

California

Special Service for the Blind
Out of Home Care - Adults
In-Home Supportive Services
Health Related Services

Colorado

Child Foster Care
Day Care
Housing

Connecticut

Counseling, Guidance and Appraisal Service
Day Care Service
Shelter Assistance Service
Transportation

Delaware

Special Services to the Blind

District of Columbia

Most services directed to blind.

Florida

Counseling
Health Support Services
Training and Related Services

Illinois

Services to Blind/Partially Sighted
Services to Handicapped Children

Indiana

Activities of Daily Living for the Blind and Visually Handicapped
Friendly Visitors for Adults
Special Services for Handicapped Children

Iowa

Special Day Care

Kentucky

Alternate Care Services
Employment Related Services

Maine

Services to the Blind

Maryland

Special Services to the Handicapped

Massachusetts

Community Mobility Service
Talking Books
Vision Utilization
Information and Referral Service
Housing Service
Chore Service
Case Management Services
(Most services directed to blind.)

Michigan

Most services directed to blind.

Minnesota

Educational Assistance Service (Blind/Deaf/Mentally Retarded)

Mississippi

Special Service to the Handicapped - Developmental Day Training (Blind/Deaf/Mentally Retarded)

Missouri

Mobility Instruction
Preschool Education
Social Group Skills

Nevada

Special Services to Alleviate the Effects of Blindness

New Hampshire

Chore Service

New York

Most services are directed to the blind.

North Carolina

Special Services to the Blind
(Most other services are directed to the blind.)

Ohio

Special Services to the Blind

Oklahoma

Home Maintenance Service
Emergency Service to Adults

Oregon

Counseling on Availability of Resources: Services to the Blind
Home Delivered Meals
Homemaker Services

Pennsylvania

Counseling Services
Housing Service
Information and Referral Service
Life Skills Education Service
Planning Service/Case Management Service
Socialization/Recreation Service
Transportation

Rhode Island

Counseling (Specialized): Blind
Supportive Services for the Blind

South Carolina

Special Services for the Blind

South Dakota

Special Services to the Handicapped
Homemaker
Chore Service
Home Health Aide
Prevocational Training

Texas

Emergency Family Service
Social Rehabilitation Service
Diagnostic and Evaluation Service
Vocational Training Service
Vocational Rehabilitation Service
Rehabilitation Support Services
Family Care Services
Homemaker Services
Day Activity Services
Home Delivered and Congregate Meals
Special Services provided by Foster Family Homes
Health Related Services
Alternate Living Plans

Virginia

Day Care to Adults
Educational Services
Homemaker
Home Delivered Meals
Infant and Child (Blind/Deaf)
Interpreter Service (Blind/Deaf)
In addition, the Commission for the Visually Handicapped provides:
  Information and Referral
  Transportation
  Adjustment Counseling
  Activities of Daily Living
  Communication Skills
  Homemaking Skills
  Therapeutic Crafts and Recreation
  Orientation
  Orientation and Mobility
  Education Consultant Services for Blind and Visually Impaired Children
  Acuity Screening
  Low Vision Aid Assessment and Follow Up
  Library Services
  Virginia Rehabilitation Center for the Blind
  Occupational Adjustment Services

Washington

Services to the Blind

West Virginia

Licensed Personal Care Homes
Health-Related Services
Home Management
Interpersonal and Social Skills Development
Legal Services
Chore Services

Technical Note #12

Title XX -- Final CASP Plans, FY 77

"The Universal Services"

Background

The boundaries of Title XX universal services have undergone considerable change since the initiation of the program on October 1, 1975. Initially there were three universal services: Information and Referral (I&R), Protective Services for Children and Protective Services for Adults. On April 2, 1976, regulations were issued which broadened the definition of Protective Services for Children and Adults to include any service defined in the state's Title XX plan which is provided in response to a documented case of abuse or neglect. Then, on September 7, 1976, P. L. 94-401 was signed into law and Family Planning became the fourth universal service.

Due to the required publication dates for the FY 77 plans, July 1 or October 1, only a few final state plans reflect the change brought about by P. L. 94-401 relative to family planning. Instead, most of the changes discussed below regarding the provision of services without regard to income are a direct outcome of the broadened definition in the April regulations.

SUMMARY

	FY 76	FY 77
The availability of INFORMATION AND REFERRAL without regard to income.	51 states	51 states
The availability of PROTECTIVE SERVICES FOR CHILDREN without regard to income.	51 states	51 states
The availability of PROTECTIVE SERVICES FOR ADULTS without regard to income.	49 states	49 states
Exceptions:	Colorado Delaware	Alaska Delaware
The availability of FAMILY PLANNING SERVICES without regard to income.	Not Applicable	11 states

COMPARISON, FY 76-77

Introduction

There has been a significant increase in the number of services states plan to provide in protective cases in FY 77. Thirty-eight (38) states will provide many of the services described in their CASP plans to children and adults threatened or in harm of abuse or neglect. Of these seven (7) states plan to offer ALL services in their Title XX plan without regard to income to abused or neglected individuals.

It is not possible to cull out expenditure estimates for most of the services provided in protective cases because many states (e.g., New Jersey and New Mexico) only list these services in their Protective Services definitions. In those states (e.g., Iowa and Wyoming) which do indicate expenditure data for each service being provided universally in protective cases, we have included the expenditure estimates.

Therefore, it is important to emphasize that we cannot accurately or completely determine the financial impact which the broadened definition for Protective Services has had on the total Title XX program.

Services Being Provided Without Regard to Income, FY 77

States are providing a wide range of services without regard to income in FY 77. Typical services include: Day Care for Children, Foster Care, Health and Mental Health Services, Homemaker, Home Management, and Transportation. A listing of the states and services being provided is included at the end of this section.

Estimated Expenditure for All Services
Provided Without Regard to Income, FY 77

Total Expenditure:	$466,814,151
Percent of Total Title XX Expenditures:	13.7%

Given the caveat discussed above, this estimate clearly falls short of the potential expenditure for services provided without regard to income in FY 77. Chart #1 provides a state-by-state breakout of estimated expenditures for all services being provided without regard to income. There is considerable variation among states as to the amount they plan to spend. Estimates range from .9-57.8% of a state's total budget. However, the majority of states will spend at least 10% of their budgets on universal services. Grouping states into 3 categories:

17 states plan to spend <1-10%*
27 states plan to spend 10-20%
7 states plan to spend >20%

* Three of the 17 states only include expenditure estimates for one service: North Dakota and Wisconsin only include estimates for I&R; Oregon only includes an estimate for Protective Services for Children. It was not possible to obtain expenditure data on other services being provided without regard to income in these states.

As can be seen from column 5 of the chart, Percentage Increase for Total Expenditures, only 15 states provided data which would allow a comparison between the universals and other services provided without regard to income. Of those 15, 9 states plan to spend between 2.4 - 13.5% more on other services. The remainder will spend <2%. Thus, there is simply not enough data to draw reasonable conclusions regarding the planned expenditures for other (non-universal) services being provided without regard to income in protective cases.

Summary of Information and Referral, Protective Services for Children/Adults, FY 77

Total Expenditures: $368,180,375*

Percent of Total
Title XX Expenditures: 12.5%

*For states excluded from the total, see attached chart #2.

As Chart #2 indicates, there has been .1% decrease overall between FY 76-77. Nine states did not provide sufficient data for summarization in this analysis, as compared to 13 states in FY 76. As might be expected, states reflect the same pattern discussed in the section above or all services provided without regard to income. Over half of the states plan to spend 10% or more of their total budgets on I&R and Protective Services for Children and Adults which was also the case in FY 76. (Please refer to Chart #2 for a state-by-state breakout of expenditure estimates.)

The estimated expenditures for these three services represent all but 1% of the total expenditures for all services being provided without regard to income. We must again emphasize the insufficient data available in the CASP plans to accurately depict the total amount of money being spent for universal services.

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Information and Referral (I&R), FY 77

I&R Total Expenditure: $8,364,662*
Percent of Total
Title XX Expenditures: 3.6%

*For states excluded from the total, see attached Chart #3.

All 51 states again indicate in their final plans that they will provide I&R without regard to income. Total estimated expenditures for the service decreased by .3% in FY 77, and a total of 33 states plan to spend <1-5% of their budget on I&R. The range between expenditure estimates is smaller in FY 77 than it was in FY 76. In FY 76 Vermont was low at .2% and Wyoming was high at 22.6%. In FY 77, the lowest estimated expenditure is .3% of the budget in Mississippi, while the highest is Alaska, at 9.9%.

Protective Services for Adults, FY 77

Protective Services for Adults
Total Expenditure: $47,108,455*

Percent of Total
Title XX Expenditures: 1.6%

*For states excluded from the total, see attached chart #4.

Two states, Alaska and Delaware, will not provide Protective Services to Adults according to their final FY 77 CASP plans. In FY 76, the two states not planning to provide Protective Services for Adults were Colorado and Delaware. Overall estimated expenditures decreased by .5% and all states providing data on Protective Services for Adults plan to spend <5% of their budget on the service. The range among states is quite close in FY 77; Nevada is low at .09% and Texas is high at 4.5%. This contrasts with a low of .1% in Illinois and a high of 12.1% in New Mexico in FY 76.

Protective Services for Children, FY 77

Protective Services for Children
Total Expenditure: $241,369,973*

Percent of Total
Title XX Expenditure: 8.1%

*For states excluded from the total, see attached chart #5.

All 51 states again plan to provide Protective Services for Children. In contrast to estimates for I&R and Protective Services for Adults, expenditure estimates for Protective Services for Children increased .9% in FY 77. Although the spectrum of expenditures is wide, with Alaska planning to spend 47.9% and Illinois planning to spend 2.7%, the largest number of states can be grouped into the 5-15% range of expenditures. This is an increase over last year, when the average range was 5-8%. Illinois was low at 2.9% and Texas was high at 17.1% in FY 76. States with the most significant increases, >3%, include: Alaska, Arkansas, Georgia, Nevada, New York, Pennsylvania, and Tennessee.

In addition, 16 states include separate Emergency Shelter Services for Children in their Title XX plans, rather than including emergency shelter as a component of the Protective Services for Children definition. In all cases, Emergency Shelter Services for Children expenditure estimates have been included in either chart #5 or #6, Protective Services for Children or Protective Services for Children and Adults. The 16 states are:

Indiana
Iowa
Kentucky
Maine
Massachusetts
Missouri
New Hampshire
North Dakota
Ohio
Oklahoma
Rhode Island
Texas
Vermont
Virginia
West Virginia
Wyoming

Protective Services for Children and Adults, FY 77

Eleven states again combine Protective Services for Children and Adults in their final FY 77 Title XX plans. The states are: Colorado, Connecticut, Kansas, Louisiana, Mississippi, Missouri, New Hampshire, Oklahoma, Rhode Island and Utah. In Oklahoma, data is also provided for other protective services provided only to children. The range in expenditure estimates is wider than it was in FY 76. In FY 77, the range is 1.9% - 21.5%; in FY 76, the range was 3.2% - 21.5%. Changes between the two program years were marginal except in Mississippi, which decreased estimated expenditures 4.2%. For a state-by-state breakout and comparison between FY 76-77, please refer to attached chart #6.

Conclusions

Overall, the differences between states as to the percent of total budget allocated for I&R and Protective Services for Children and Adults is narrowing. Protective Services for Children reflects some growth in expenditures while I&R and Protective Services for Adults reflect a slight decrease. It is quite possible that the decrease in Protective Services for Adults' expenditures is misleading, since a number of states are providing other services without regard to income in protective cases involving adults. However, it is also quite clear that services directed to the protection of children are growing at a far more rapid rate. The following list of states and other services provided without regard to income in protective cases illustrates this point.

A SUMMARY OF STATES PROVIDING SERVICES WITHOUT REGARD TO INCOME Title XX--Final CASP Plans FY 77	Information and Referral	Protective Services for Children	Protective Services for Adults	Family Planning Services	Other Services (See attached list)
Alabama	x	x	x	x	x
Alaska	x	x			x
Arizona	x	x	x		x
Arkansas	x	x	x		
California	x	x	x		
Colorado	x	x	x	x	x
Connecticut	x	x	x		
Delaware	x	x			
District of Columbia	x	x	x		x
Florida	x	x	x		x
Georgia	x	x	x	x	x
Hawaii	x	x	x		
Idaho	x	x	x		x
Illinois	x	x	x	x	x
Indiana	x	x	x		x
Iowa	x	x	x		x
Kansas	x	x	x		
Kentucky	x	x	x	x	x
Louisiana	x	x	x	x	x
Maine	x	x	x		x
Maryland	x	x	x		x
Massachusetts	x	x	x		x
Michigan	x	x	x	x	x
Minnesota	x	x	x		
Mississippi	x	x	x		x
Missouri	x	x	x		x
Montana	x	x	x		x
Nebraska	x	x	x		
Nevada	x	x	x		x
New Hampshire	x	x	x		x
New Jersey	x	x	x	x	x
New Mexico	x	x	x	x	x
New York	x	x	x		x
North Carolina	x	x	x		
North Dakota	x	x	x		
Ohio	x	x	x		x
Oklahoma	x	x	x		x
Oregon	x	x	x		
Pennsylvania	x	x	x		
Rhode Island	x	x	x		x
South Carolina	x	x	x	x	x
South Dakota	x	x	x		x
Tennessee	x	x	x	x	x
Texas	x	x	x		x
Utah	x	x	x		
Vermont	x	x	x		x
Virginia	x	x	x		x
Washington	x	x	x		x
West Virginia	x	x	x		x
Wisconsin	x	x	x		x
Wyoming	x	x	x		x
TOTAL	51 states	51 states	49 states	11 states	38 states

Other Services Provided Without Regard to Income When Directed to Protection From Neglect, Abuse, or Exploitation

Alabama
Diagnostic and Evaluative Services; Legal Services; Mental Health Counseling; Residential Care for Alcoholics

Alaska
Day Care Services; Homemaker Services

Arizona
Day Care Services; Foster Care; Home Management; Housekeeper Services; Social Problem Solving; Transportation Services

Colorado*
All services except Adoption and Employment Services

District of Columbia
Adoption Services; Chore Services; Crisis Services; Health Related Services; Homemaker Services; Substitute Care Services for Adults, Substitute Care Services for Children

Florida
Child Day Care; Escort Services; Health Support Services; Home Management Services; Transportation Services

Georgia*
All services

Idaho
Adoption Services; Child Foster Care; Disaster Relief; Homemake Services; Services to Unmarried Mothers; State Youth Services Center Program

Illinois
Adoption; Day Care for Children; Day Training for Special Needs; Foster Care for Children; Homemaker Services; Outpatient Drug Abuse Services; Residential Treatment; Services to Handicapped Children; Services to Unmarried Parents; Short Term Evaluation; Social and Rehabilitation Services; Outpatient Services.

Indiana
Chore and Housekeeping Services; Services to Assist Runaway Children; Interstate Placement Services; Drug and Alcohol Education Information and Referral; Friendly Visitors for Adults

Iowa
Commitment/Placement of Juveniles; Day Care for Children; Foster Care-Family Home; Group Home Care; Homemaker Services; In-Home Treatment; Legal Services; Mental Health Services; Residential Treatment-Children; Special Day Care

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* See Services Catalogue for complete listing of state's services.

Kentucky*
All services

Louisiana*
All services

Maine
Connecting; Counseling; Foster Care Placement; Legal Advocacy; Protective Day Care; Social Diagnosis; Evaluation and Direct Services

Maryland
Day Care for Children; Foster Care for Adults; Health Related Services; Homemaker/Chore Services; Legal Services

Massachusetts
Day Care Services

Michigan*
All services except: Adoption Services; Employment Services; Mental Health Treatment and Rehabilitation Services; and Placement Services for Adults

Mississippi
Counseling for Self Care; Transportation Services; Prevention of Parental Neglect

Missouri
Adoption Service; Alcohol and Drug Abuse Counseling; Day Care Counseling; Educational Counseling; Employment Related Counseling; Evaluation and Diagnosis; Family and Interpersonal Counseling; Family Planning Counseling; Foster Care Related Services; Health Related Counseling; Home Management Services; Improved Living Arrangement Service; Legal Assistance; Psychiatric and Psychological Testing; Service Plan Development; Special Foster Care Services

Montana
Day Care for Children; Foster Care for Children; Homemaker Service for Children; and components of other services related to Adoption and Services to Unmarried Parents

Nevada
Adoption Services; Day Care; Improved Family Functioning; Homemaker; Institutional Care for Children; Transporation

New Hampshire
Child-Parent; Health Guidance Service; Home and Family Management Service; Individual Behavior and Development; Placement Service

New Jersey*
All services

New Mexico*
All services for child protection only

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* See Services Catalogue for complete listing of state's services.

New York
Adoption Services; Foster Care Services for Children; Preventive Services (Children); Unmarried Parents Services; and other services for children (not specified).

Ohio
Counseling; Day Care for Children; Family Life Education; Foster Care for Adults; Foster Care for Children; Guardianship; Homemaker/Home Health Aide; Home Delivered and Congregate Meals; Legal Services; Protective Payee; Residential Treatment

Oklahoma
Community Youth Services

Rhode Island
Homemaker Services

South Carolina*
All services

South Dakota
Basic Services to Families and Children; Mental Health Evaluation and Treatment; Placement Services for Children; Residential Treatment for Emotionally Disturbed Children; Services to Adoptive Families; Special Services for the Handicapped; Transitional Residential Treatment; Transportation Services; Volunteer Services

Tennessee*
All services

Texas
Foster Care Services for Children; Adoption Services; Services for Unmarried and/or School Age Parents; Emergency Homemaker Services; Community Treatment Services; Transitional Services for Juvenile-Age Children; Day Care for Children; Outreach Services; Community Services; Crisis Services

Vermont
Day Care; Legal Service

Virginia*
Foster Care for Children; Adoption; Court Services and all but three of the services provided by the Commission for the Visually Handicapped. The three exceptions are: Acuity Screening; Library Services; and Occupational Adjustment Services

Washington
Child Foster Care; Homemaker Services; Child Day Care; Adult Day Care; Chore Services; Mental Health Services

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*See Services Catalogue for complete listing of state's services.

West Virginia
Youth Services. Community Delinquency Services and Social, Educational and Training Services for Adolescents and Single Parents are funded with non-Title XX monies when they are available without regard to income.

Wisconsin*
All services except: Adoptive Services; Family Planning; Sheltered Employment; Special Living Arrangements

Wyoming*
All services except Family Planning Services

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*See Services Catalogue for complete listing of state's services.

CHART 1

(139)

TOTAL ESTIMATED EXPENDITURES FOR SERVICES PROVIDED WITHOUT REGARD TO INCOME FY77	TOTAL Estimated Expenditures FY77 $	Title XX Final Plan Budget FY77 $	Percentage of Total FY77 %	Pertcentage of I&R Protective Svcs./C&A %	Percentage Increase for Total Estimated Expenditures FY77 %
Alabama	6,420,066	56,219,896	11.4	11.0	.4
Alaska	3,061,300	5,299,900	57.8	57.8	0
Arizona	4,731,065	32,411,119	14.6	14.2	.4
Arkansas	3,189,886	32,150,166	9.9	9.9	0
California	54,187,322	407,395,431	13.3	13.3	0
Colorado	7,481,713	39,191,700	19.1	11.2	7.9
Connecticut	5,762,464	58,608,241	9.8	9.8	0
Delaware	1,200,302	9,021,498	13.3	13.3	0
District of Columbia	1,823,800	14,709,500	12.4	6.4	6.0
Florida	22,416,379	125,625,549	17.8	17.8	0
Georgia	9,797,448	79,633,239	12.3	9.9	2.4
Hawaii	771,519	13,558,327	5.7	5.7	0
Idaho	4,166,838	12,630,000	33.0	33.0	0
Illinois	23,153,600	188,662,743	12.3	12.3	0
Indiana	7,433,046	40,796,661	18.2	17.4	.8
Iowa	6,773,309	45,627,645	14.9	N/A	N/A
Kansas	3,139,312	35,678,095	8.8	8.8	0
Kentucky	3,885,067	53,473,582	7.3	N/A	N/A
Louisiana	4,961,557	58,905,539	8.4	8.4	0
Maine	1,414,569	16,220,833	8.7	N/A	N/A
Maryland	4,365,739	64,505,690	6.8	6.8	0
Massachusetts	10,740,792	117,031,336	9.2	9.2	0
Michigan	18,918,707	143,340,269	13.2	13.2	0
Minnesota	10,564,872	61,720,224	17.7	17.1	0
Mississippi	378,715	15,223,522	2.5	2.1	.4
Missouri	14,986,772	75,442,978	19.9	6.4	13.5
Montana	1,972,336	11,270,000	17.5	17.5	0
Nebraska	3,085,295	24,333,333	12.7	12.7	0
Nevada	1,562,370	8,741,596	17.9	15.4	2.5
New Hampshire	1,414,790	12,605,948	11.2	8.6	2.6
New Jersey	7,118,492	115,019,825	6.2	6.2	0
New Mexico	2,310,266	17,298,160	13.4	13.4	0
New York	45,680,587	285,600,000	16.0	16.0	0
North Carolina	5,757,011	82,362,493	7.0	7.0	0
North Dakota	514,945	10,000,000	5.2	N/A	N/A
Ohio	20,031,248	169,397,133	11.8	11.8	0
Oklahoma	13,808,765	42,330,000	32.6	32.6	0
Oregon	2,057,923	33,670,000	6.1	N/A	N/A
Pennsylvania	28,105,927	206,691,000	13.6	13.6	0
Rhode Island	1,710,592	16,394,312	10.4	10.4	0
South Carolina	2,287,809	43,544,277	5.3	N/A	N/A
South Dakota	1,306,902	11,359,811	11.5	10.7	.8
Tennessee	8,167,384	56,253,038	14.5	12.9	1.6
Texas	50,200,250	187,545,708	26.8	N/A	N/A
Utah	3,290,074	18,500,100	17.8	17.8	0
Vermont	1,772,581	7,919,319	22.4	18.2	4.2
Virginia	17,252,169	78,734,459	21.9	10.3	11.6
Washington	3,797,705	54,590,029	7.0	7.0	0
West Virginia	4,992,952	28,907,521	17.3	14.5	2.8
Wisconsin	699,429	77,730,000	.9	N/A	N/A
Wyoming	2,190,210	5,588,105	39.2	N/A	N/A
TOTAL	$466,814,151	3,409,469,850	13.7%	12.5%	+1.2%

#1

CHART # 2

SUMMARY OF EXPENDITURES FOR Information & Referral/Protective Services for Children/Adults (Universals) Title XX-Final CASP Plans, FY 77	Summary of Universals Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	(140) Percentage of Total %	Percentage Change in Estimated Expenditures FY 76-77 %
Alabama	6,196,930	56,219,896	11.0	+ 4.5
Alaska	3,061,300	5,299,900	57.8	3/
Arizona	4,599,105	32,411,119	14.2	- 6.9
Arkansas	3,189,886	32,150,166	9.9	+ 2.6
California	54,187,322	407,395,431	13.3	- 6.8
Colorado	4,377,680	39,191,700	11.2	3/
Connecticut	5,762,464	58,608,241	9.8	+ .1
Delaware	1,200,302	9,021,498	13.3	+ .6
District of Columbia	937,300	14,709,500	6.4	- 1.8
Florida	22,416,379	125,625,549	17.8	+ 3.9
Georgia	7,910,439	79,633,239	9.9	+ 4.3
Hawaii	771,519	13,558,327	5.7	0 2/
Idaho	4,166,838	12,630,000	33.0	3/
Illinois	23,153,600	188,662,743	12.3	+ .9
Indiana	7,103,766	40,796,661	17.4	0 2/
Iowa	Data not available for summarization.			
Kansas	3,139,312	35,678,095	8.8	- .9
Kentucky	Data not available for summarization.			
Louisiana	4,961,557	58,905,539	8.4	0 2/
Maine	Data not available for summarization.			
Maryland	4,365,239	64,505,690	6.8	- .7
Massachusetts	10,740,792	117,031,336	9.2	+ .1
Michigan	18,918,707	143,340,269	13.2	- .1
Minnesota	10,564,872	61,720,224	17.1	- 4.6
Mississippi	[illegible]26,165	15,223,522	2.1	- 4.4
Missouri	4,839,692	75,442,978	6.4	+ 4.0
Montana	1,972,336	11,270,000	17.5	0 2/
Nebraska	3,085,295	24,333,333	12.7	3/
Nevada	1,347,501	8,741,596	15.4	+ 2.9
New Hampshire	1,088,936	12,605,948	8.6	- .5
New Jersey	7,118,492	115,019,825	6.2	+ 2.3
New Mexico	2,310,266	17,298,160	13.4	-17.8
New York	45,680,587	285,600,000	16.0	+ 5.2
North Carolina	5,757,011	82,362,493	7.0	- 1.5
North Dakota	Data not available for summarization.			
Ohio	20,031,248	169,397,133	11.8	- 5.4
Oklahoma	13,808,765	42,330,000	32.6	0 2/
Oregon	Data not available for summarization.			
Pennsylvania	28,105,927	206,691,000	13.6	+ 4.2
Rhode Island	1,702,965	16,394,312	10.4	- 1.4
South Carolina	Data not available for summarization.			
South Dakota	1,210,122	11,359,811	10.7	+ 1.0
Tennessee	7,265,969	56,253,038	12.9	- 7.8
Texas	Data not available for summarization.			
Utah	3,290,074	18,500,100	17.8	- .8
Vermont	1,437,555	7,919,319	18.2	+ 2.9
Virginia	8,089,152	78,734,459	10.3	- 2.6
Washington	3,797,705	54,590,029	7.0	- 3.0
West Virginia	4,190,803	28,907,521	14.5	+ 2.3
Wisconsin	Data not available for summarization.			
Wyoming	Data not available for summarization.			
TOTAL	$368,180,375	$2,936,069,700	12.5%	-.1%

#2

CHART #3

(141)

INFORMATION AND REFERRAL (I&R) (Universal) Title XX Final CASP Plans FY77	Estimated Number of Clients #	I&R Estimated Expenditures FY77 $	Title XX Final Plan Budgets FY77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY76-77
Alabama	11,000	1,852,191	56,219,896	3.3	+ 2.2
Alaska	12,000	522,500	5,299,900	9.9	-10.3
Arizona	140,558	773,760	32,411,119	2.4	- 1.5
Arkansas	12,000	288,000	32,150,166	.9	- .5
California	1,417,626	13,216,959	407,395,431	3.2	- 2.9
Colorado	243,000	1,634,084	39,191,700	4.2	0
Connecticut	435,459	3,360,406	58,608,241	5.7	- .8
Delaware	50,000	371,986	9,021,498	4.1	- .6
District of Columbia	12,000	223,200	14,709,500	1.5	- 1.9
Florida	1,164,430	7,806,321	125,625,549	6.2	+ 4.7
Georgia	293,600	841,638	79,633,239	1.1	0
Hawaii	20,401	261,087	13,558,327	1.9	0 2/
Idaho	18,948	2,617,206	12,630,000	20.7	3/
Illinois	N/A	17,051,943	188,662,743	9.0	+ .6
Indiana	378,571	1,784,539	40,796,661	4.4	0 2/
Iowa	ADMINISTRATIVE COST; NO DATA AVAILABLE				
Kansas	26,575	223,808	35,678,095	.6	- .1
Kentucky	ADMINISTRATIVE COST; NO DATA AVAILABLE				
Louisiana	74,421	3,062,980	58,905,539	5.2	0 2/
Maine	40,000	225,714	16,220,833	1.4	0 2/
Maryland	155,745	281,133	64,505,690	.4	- .9
Massachusetts	227,020	5,341,304	117,031,336	4.6	+ .9
Michigan	178,751(monthly)	3,957,553	143,340,269	2.8	+ .5
Minnesota	260,773	3,583,937	61,720,224	5.8	- .3
Mississippi	2,237	41,275	15,223,522	.3	- .1
Missouri	100,000	2,000,000	75,442,978	2.7	+ 1.8
Montana	14,286	370,224	11,270,000	3.3	0 2/
Nebraska	24,097(monthly)	1,136,101	24,333,333	4.7	3/
Nevada	37,458	453,081	8,741,596	5.2	- .2
New Hampshire	40,000	334,683	12,605,948	2.7	- .6
New Jersey	10,573	1,487,620	115,019,825	1.3	+ .6
New Mexico	34,807	305,397	17,298,160	1.8	- 1.7
New York	346,374	9,092,365	285,600,000	3.2	- .3
North Carolina	308,000	933,850	82,362,493	1.1	- 2.8
North Dakota	22,987	514,945	10,000,000	5.2	0 2/
Ohio	379,746	3,042,912	169,397,133	1.8	- 1.0
Oklahoma	10,438	639,411	42,330,000	1.5	0 2/
Oregon	I&R is a component of "Counseling on Availability of Resources"				
Pennsylvania	1,262,797	9,423,636	206,691,000	4.6	+ .6
Rhode Island	38,822	992,373	16,394,312	6.1	- 1.5
South Carolina	ADMINISTRATIVE COST; NO DATA AVAILABLE				
South Dakota	N/A	116,858	11,359,811	1.0	- .3
Tennessee	250,834	2,437,225	56,253,038	4.3	-12.1
Texas	Service available but data not obtainable.				
Utah	158,479	930,999	18,500,100	5.0	- 2.9
Vermont	6,000	50,000	7,919,319	.6	+ .4
Virginia	83,798	2,274,308	78,734,459	2.9	- .2
Washington	234,757	780,695	54,590,029	1.4	- 2.8
West Virginia	18,448(monthly)	1,315,583	28,907,521	4.6	+ 1.8
Wisconsin	19,636	699,429	77,730,000	.9	0 2/
Wyoming	8,306	417,021	5,588,105	7.5	-15.1
TOTAL	8,364,662 1/	$109,072,240	$3,045,608,638	3.6%	-.3%

FOR EXPLANATORY NOTES, SEE LAST PAGE

#3

CHART #4 (142)

PROTECTIVE SERVICES FOR ADULTS (Universal) Title XX -- Final CASP Plans FY 77	Estimated Number of Clients FY 77 #	Protective/ Adults Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY 76-77 %
Alabama	1,200	450,522	56,219,896	.8	+.4
Alaska	Service not provided				
Arizona	1,767	701,045	32,411,119	2.2	-7.2
Arkansas	495	179,036	32,150,166	.6	+.1
California	56,313	9,427,293	407,395,431	2.3	-1.4
Colorado	Service includes adults & children; see chart #6				
Connecticut	Service includes adults & children; see chart #6				
Delaware	Service not provided				
District of Columbia	1,200	198,800	14,709,500	1.4	+1.0
Florida	37,049	2,194,233	125,625,549	1.8	3/
Georgia	25,000	771,856	79,633,239	1.0	+.6
Hawaii	217	111,522	13,558,327	.8	0 2/
Idaho	2,095	289,373	12,630,000	2.3	-1.0
Illinois	57,886	972,514	188,662,743	.5	+.4
Indiana	10,000	1,540,000	40,796,661	3.8	0 2/
Iowa	3,151	892,969	45,627,645	2.0	+.3
Kansas	Service includes adults & children; see chart #6				
Kentucky	4,175	635,000	53,473,582	1.2	3/
Louisiana	Service includes adults & children; see chart #6				
Maine	Service available but data not obtainable				
Maryland	509	214,749	64,505,690	.3	-.2
Massachusetts	11,937	1,018,179	117,031,336	.9	-.1
Michigan	3200 (monthly)	1,033,448	143,340,269	.7	-.5
Minnesota	10,090	1,595,631	61,720,224	2.6	-4.5
Mississippi	Service includes adults & children; see chart #6				
Missouri	Service includes adults & children; see chart #6				
Montana	777	491,440	11,270,000	4.4	0 2/
Nebraska	420	201,397	24,333,333	.8	3/
Nevada	311	8,095	8,741,596	.09	-.01
New Hampshire	Service includes adults & children; see chart #6				
New Jersey	4,700	376,098	115,019,825	.3	3/
New Mexico	550	146,697	17,298,160	.9	-11.2
New York	20,788	3,159,124	285,600,000	1.1	-.1
North Carolina	10,800	1,058,052	82,362,493	1.3	+.2
North Dakota	Service available but data not obtainable				
Ohio	38,776	3,036,291	169,397,133	1.8	-.4
Oklahoma	Service includes adults & children; see chart #6				
Oregon	Service available but data not obtainable				
Pennsylvania	27,191	4,486,559	206,691,000	2.2	+.5
Rhode Island	Service includes adults & children; see chart #6				
South Carolina	1,334	403,730	43,544,277	.9	+.6
South Dakota	890	250,969	11,359,811	2.2	-.4
Tennessee	3,309	572,807	56,253,038	1.0	+.7
Texas	96,799	8,410,325	187,545,708	4.5	-.1
Utah	Service includes adults & children; see chart #6				
Vermont	1,576	303,856	7,919,319	3.8	+.3
Virginia	5,693	703,734	78,734,459	.9	-1.4
Washington	7,200	290,294	54,590,029	.5	-.5
West Virginia	2727 (monthly)	982,817	28,907,521	3.4	+2.1
Wisconsin	Service available but data not obtainable				
Wyoming	Service available but data not obtainable				
TOTAL	465,198 1/	$47,108,455	$2,879,059,079	1.6%	-.5

FOR EXPLANATORY NOTES, SEE LAST PAGE #4

CHART #5 (143)

PROTECTIVE SERVICES FOR CHILDREN (Universal) Title XX Final Plans FY 77	Estimated Number of Clients FY 77 #	Protective/ Children Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY 76-77 %
Alabama	14,000	3,892,217	56,219,896	6.9	+1.9
Alaska	1,901	2,538,800	5,299,900	47.9	+38.7
Arizona	6,115	3,124,300	32,411,119	9.6	+1.9
Arkansas	3,400	2,722,850	32,150,166	8.5	+3.0
California	177,710	31,543,070	407,395,431	7.7	-2.5
Colorado	Service includes children & adults; see chart #6				
Connecticut	Service includes children & adults; see chart #6				
Delaware	1,500	828,316	9,021,498	9.2	+1.2
District of Columbia	1,400	515,300	14,709,500	3.5	-.9
Florida	104,492	12,415,825	125,625,549	9.9	3/
Georgia	82,000	6,296,945	79,633,239	7.9	+3.8
Hawaii	1,145	398,910	13,558,327	2.9	0 2/
Idaho	9,124	1,260,259	12,630,000	10.0	+1.7
Illinois	12,571	5,129,143	188,662,743	2.7	-.2
Indiana	24,570	3,779,227	40,796,661	9.3	0 2/
Iowa	17,198	4,877,346	45,627,645	10.7	+2.7
Kansas	Service includes children & adults; see chart #6				
Kentucky	17,869	3,250,067	53,473,582	6.1	3/
Louisiana	Service includes children & adults; see chart #6				
Maine	Service available but data not obtainable				
Maryland	8,132	3,869,857	64,505,690	6.0	+.3
Massachusetts	25,399	4,381,309	117,031,336	3.7	-.7
Michigan	10,350 (monthly)*	13,927,706	143,340,269	9.7	-.1
Minnesota	19,664	5,385,304	61,720,224	8.7	+.2
Mississippi	Service includes children & adults; see chart #6				
Missouri	Service includes children & adults				
Montana	1,143	1,110,672	11,270,000	9.9	0 2/
Nebraska	1,855	1,747,797	24,333,333	7.2	3/
Nevada	3,647	886,325	8,741,596	10.1	+1.2
New Hampshire	Service includes children & adults; see chart #6				
New Jersey	10,004	5,254,774	115,019,825	4.6	3/
New Mexico	1,742	1,858,172	17,298,160	10.7	+2.0
New York	92,535	33,429,098	285,600,000	11.7	+5.6
North Carolina	20,000	3,765,109	82,362,493	4.6	+1.2
North Dakota	Service available but data not obtainable				
Ohio	90,613	13,952,045	169,397,133	8.2	-4.1
Oklahoma **	83,081	4,063,126	42,330,000	9.6	0 2/
Oregon	11802 (monthly)*	2,057,923	33,670,000	6.1	0 2/
Pennsylvania	37,905	14,195,732	206,691,000	6.9	+3.0
Rhode Island	Service includes children & adults; see chart #6				
South Carolina	13,125	1,884,079	43,544,277	4.3	+1.6
South Dakota	2,300	842,295	11,359,811	7.4	+1.5
Tennessee	31,466	4,255,937	56,253,038	7.6	+3.5
Texas	138,508	31,116,210	187,545,708	16.6	-.5
Utah	Service includes children and adults; see chart #6				
Vermont	2,868	1,083,699	7,919,319	13.7	+2.1
Virginia	30,503	5,111,110	78,734,459	6.5	-.8
Washington	25,200	2,726,716	54,590,029	5.0	+.1
West Virginia	12,150 (monthly)*	1,892,403	28,907,521	6.6	-1.4
Wisconsin	Service available but data not obtainable				
Wyoming	Service available but data not obtainable				
TOTAL	1,114,685 1/	$241,369,973	$2,969,380,477	8.1%	+.9%

**Also see chart #6 FOR EXPLANATORY NOTES, SEE LAST PAGE #5

CHART # 6 (144)

PROTECTIVE SERVICES FOR CHILDREN AND ADULTS (Universal) Title XX Final CASP Plans FY77	Estimated Number of Clients FY77 #	Protective - C/A Estimated Experditures FY77 $	Title XX Final Plan Budgets FY77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY76-77 %
Alabama					
Alaska					
Arizona					
Arkansas					
California					
Colorado	13,875	2,743,596	39,191,700	7.0	
Connecticut	19,139	2,402,058	58,608,241	4.1	+ .9
Delaware					
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					
Kansas	8,644	2,915,504	35,678,095	8.2	- .8
Kentucky					
Louisiana	14,707	1,898,577	58,905,539	3.2	0 2/
Maine					
Maryland					
Massachusetts					
Michigan					
Minnesota					
Mississippi	1,770	284,890	15,223,522	1.9	-4.2
Missouri	13,499	2,839,692	75,442,928	3.8	3/
Montana					
Nebraska					
Nevada					
New Hampshire	2,891	754,253	12,605,948	6.0	+ .2
New Jersey					
New Mexico					
New York					
North Carolina					
North Dakota					
Ohio					
Oklahoma**	168,348	9,106,228	42,330,000	21.5	0 2/
Oregon					
Pennsylvania					
Rhode Island	4,349	710,592	16,394,312	4.3	+ .1
South Carolina					
South Dakota					
Tennessee					
Texas					
Utah	10,555	2,359,075	18,500,100	12.8	3/
Vermont					
Virginia					
Washington					
West Virginia					
Wisconsin					
Wyoming					

**Also See Chart #5 FOR EXPLANATORY NOTES, SEE LAST PAGE

EXPLANATORY NOTES ON TITLE XX INFORMATION AND REFERRAL, PROTECTIVE SERVICES FOR CHILDREN, AND PROTECTIVE SERVICES FOR ADULTS ESTIMATES FOR FY 77

(Charts #3-6)

N/A = data not available.

1/ Total estimated number of clients served excludes:

- for Chart #3, monthly population estimates for Michigan, Nebraska, and West Virginia;
- for Chart #4, monthly population estimates for Michigan and West Virginia; and
- for Chart #5, monthly population estimates for Michigan, Oregon and West Virginia. In addition, the West Virginia estimate includes non-Title XX recipients.

2/ Twenty-one (21) month plans with no change in program year estimates (applies to Charts #3-6).

3/ Comparable data was not provided in the FY 76 plan (applies to Charts #3-6).

Technical Note #13

TITLE XX--Final CASP Plans, FY 77

"Services to Children and Youth"

SUMMARY

The needs of children and youth require different levels of care. Preventive, supportive, recreational services, as well as various kinds of intensive care are all necessary. This technical note summarizes those services or components of services described in the Title XX plans which are targeted to the needs of children and youth.

The following is a list of services specifically directed to children and the number of states in which these services are available.

	FY 76	FY 77
ADOPTION	45 states	47 states
Subsidized Adoptions	9 states	12 states
SUBSTITUTE CARE SERVICES	51 states	51 states
Foster Family Care	51 states	51 states
Group Home Care	31 states	46 states
Residential/Institutional Care	43 states	46 states
DAY TREATMENT	35 states	31 states
SERVICES TO UNMARRIED PARENTS	31 states	31 states
PROTECTIVE SERVICES--EMERGENCY SHELTER	51 states	51 states
Emergency Shelter as a Separate Service	16 states	16 states
INTERSTATE/INTERCOUNTRY PLACEMENT	13 states	13 states
Placement as a Separate Service	4 states	4 states
YOUTH (Delinquents, Probates, and Runaways) SERVICES	34 states	42 states
EARLY PERIODIC SCREENING, DIAGNOSIS AND TESTING	22 states	22 states
CAMPING FOR CHILDREN	12 states	11 states
RECREATIONAL SERVICES	22 states	20 states
FAMILY COUNSELING	34 states	36 states

Additionally, there are another set of services in the Title XX plans which must be included. Although some services are only directed to children or youth (e.g., child day care), others are more generally available as auxillary or supportive services which expedite the delivery of more intensive services (e.g., transportation). These services or components of services which are directed to children and youth are more completely described in other technical notes.

Family Planning Services	Technical Note #4
Day Care Services for Children	Technical Note #5
Home-Based Services	Technical Note #8
Health and Mental Health Services	Technical Note #9
Services to Alcohol and Drug Abusers	Technical Note #10
Services to the Developmentally Disabled, Blind, and Physically Handicapped	Technical Note #11
Child Protection Services	Technical Note #12
Legal Services	Technical Note #15
Transportation Services	Technical Note #16

COMPARISON, FY 76-77

Overall, there has been an increase in the number of services states plan to provide for children and youth in FY 77. Specific changes include:

- Adoption Services

  The FY 77 plans for Delaware and Pennsylvania include adoption services. The FY 76 plan for Delaware did not mention Adoption Services; in FY 77 adoption is a component of another service definition. Pennsylvania is using Title XX money for adoption in one region in FY 77, because this region has established a priority for completing adoptions for hard-to-place children.

  In FY 76, Massachusetts' plan included adoption as a separate service. Adoption Services are a component of Placement Services in Massachusetts' FY 77 plan.

  Five additional states described the use of subsidized adoptions in their FY 77 plans. The states are Colorado, Iowa, Pennsylvania, South Carolina, and Virginia. Maryland and New Jersey mentioned adoption subsidies in their FY 76 plans, but did not do so in their FY 77 plans.

  Estimated expenditures for Adoption Services increased $600,000 in FY 77, but as a percent of total expenditures, Adoption Services decreased 0.1%. States made marginal changes in their expenditure estimates, as can be seen from the percentage change column on the chart on page 154.

- Substitute Care Services for Children and Youth

  There has been an overall increase in the number of substitute care services being provided, e.g., an increase of 15 states providing group home care and an increase of 3 states providing residential/institutional care.

Estimated expenditures for substitute care services increased $24.1 million in FY 77, but as a percent of total expenditures, substitute care services decreased 0.6%.

- Day Treatment Services

  There has been a decrease of 4 states providing day treatment services to children and youth in FY 77.

- Services to Unmarried Parents

  The number of states providing this service remained the same for both program years. Estimated expenditures for FY 77 reflect a change of -0.1%.

- Youth Services

  There has been an increase of 8 states planning to provide services to youth in FY 77. Most of the additional states and services are directed to the juvenile offender.

- Other Services Targeted to Children and Youth

  No significant changes have occurred in FY 77 for other services being provided to children and youth, e.g., EPSDT, Camping, Recreation, Counseling, and Interstate/Intercountry Placement.

(14[illegible])

SERVICES TO CHILDREN AND YOUTH AVAILABLE IN THE STATES, FY 77 (Title XX--Final CASP Plans)	ADOPTION	SUBSIDIZED ADOPTION	EMERGENCY SHELTER CARE	FOSTER FAMILY CARE	SPECIAL SERVICE IN FOSTER CARE	GROUP HOME CARE	INSTITUTIONAL CARE	THERAPEUTIC RESIDENTIAL CARE	INTERSTATE/ INTERCOUNTRY PLACEMENT
Alabama			X	X	X	X	X	X	X
Alaska	X		X	X				X	
Arizona	X		X	X	X	X	X	X	X
Arkansas	X		X	X	X	X	X	X	
California			X	X	X	X	X		
Colorado	X	X	X	X	X	X	X		X
Connecticut	X		X	X	X	X	X	X	
Delaware	X		X	X			X		
District of Columbia	X	X	X	X		X	X		
Florida			X	X	X	X			
Georgia	X		X	X	X	X	X		
Hawaii	X		X	X		X	X	X	
Idaho	X		X	X	X	X	X	X	
Illinois	X		X	X	X	X	X	X	
Indiana	X		X	X	X	X	X	X	X
Iowa	X	X	X	X		X	X	X	X
Kansas	X		X	X		X	X	X	
Kentucky	X	X	X	X	X	X	X	X	X
Louisiana	X		X	X	X	X	X		X
Maine	X		X	X		X	X	X	
Maryland	X		X	X	X	X	X		
Massachusetts	X		X	X	X	X	X	X	
Michigan	X		X	X		X	X		
Minnesota	X		X	X					X
Mississippi	X		X	X	X	X	X	X	
Missouri	X	X	X	X	X	X	X	X	
Montana	X		X	X	X	X	X		
Nebraska	X		X	X			X		
Nevada	X	X	X	X	X	X	X	X	
New Hampshire	X		X	X		X	X	X	
New Jersey	X		X	X	X	X	X	X	
New Mexico	X	X	X	X		X	X	X	
New York	X		X	X	X	X	X		
North Carolina	X		X	X	X	X	X	X	X
North Dakota	X		X	X	X	X	X		X
Ohio	X		X	X		X	X	X	
Oklahoma	X		X	X		X	X		X
Oregon			X	X		X	X	X	
Pennsylvania	X	X	X	X		X	X		
Rhode Island	X		X	X		X	X	X	
South Carolina	X	X	X	X	X	X	X	X	
South Dakota	X		X	X	X	X	X	X	
Tennessee	X	X	X	X	X	X	X	X	X
Texas	X		X	X	X	X	X		
Utah	X		X	X	X	X	X		
Vermont	X		X	X	X			X	
Virginia	X	X	X	X	X	X	X	X	
Washington	X	X	X	X		X	X		X
West Virginia	X		X	X	X	X	X	X	
Wisconsin	X		X	X		X	X		
Wyoming	X		X	X		X			
TOTAL	47 states	12 states	51 states	51 states	31 states	46 states	46 states	30 states	13 states

(150)

SERVICES TO CHILDREN AND YOUTH AVAILABLE IN THE STATES, FY 77 (Cont.) Title XX--Final CASP PLANS	DAY TREATMENT	YOUTH SERVICES	SERVICES TO UNMARRIED PARENTS	EPSDT REFERRAL	CAMPING	RECREATION	COUNSELING
Alabama	X	X	X				X
Alaska		X	X				X
Arizona		X	X				X
Arkansas	X	X	X		X		
California		X		X			
Colorado	X	X	X	X			X
Connecticut	X	X	X			X	X
Delaware	X		X				X
District of Columbia		X		X			
Florida		X					X
Georgia	X	X	X	X			
Hawaii			X				X
Idaho	X	X	X				
Illinois	X	X	X	X			
Indiana	X	X	X			X	X
Iowa	X	X	X	X			
Kansas		X		X			X
Kentucky	X	X	X	X			X
Louisiana		X	X	X	X	X	X
Maine	X	X			X	X	X
Maryland	X	X	X			X	X
Massachusetts	X	X	X		X	X	X
Michigan	X	X					X
Minnesota	X	X				X	X
Mississippi	X	X	X		X	X	X
Missouri	X	X		X		X	X
Montana	X	X		X		X	
Nebraska	X						
Nevada		X				X	X
New Hampshire	X				X		X
New Jersey	X	X	X				X
New Mexico		X	X	X			X
New York	X	X	X				
North Carolina	X	X	X	X	X	X	X
North Dakota		X	X			X	X
Ohio	X	X	X	X	X	X	X
Oklahoma		X	X	X		X	X
Oregon		X	X				X
Pennsylvania					X	X	X
Rhode Island		X	X	X			X
South Carolina	X	X	X			X	
South Dakota		X					X
Tennessee		X	X				X
Texas	X	X	X				
Utah	X	X		X			X
Vermont				X			
Virginia	X			X	X	X	X
Washington	X	X		X			
West Virginia		X	X	X			
Wisconsin	X			X	X	X	X
Wyoming						X	X
TOTAL	31 states	42 states	31 states	22 states	11 states	20 states	36 states

ADOPTION SERVICES

Estimated Expenditures, FY 77

Total Expenditure: $27,224,266*

Percentage of Total
Title XX Expenditures: 1.1%

Estimated Number of Individuals to be Served, FY 77

85,961*

*For states not included in totals, see attached chart and explanatory notes.

Service Definition

Adoption is an important service in the continuum of child welfare services. It is a mechanism for: prevention of institutionalization; deinstitutionalization; and most significantly, provision of permanence in a child's life.

Adoption service definitions typically include the following components:

- court related activities
- home studies
- recruitment of homes
- work with the natural parents
- preparation of the child for adoption
- supervision in post-adoption placement
- transportation

Adoption Subsidy

Twelve (12) states mention subsidized adoption, a program designed to increase the number of adoptions for hard-to-place children (most often the older child with a physical, mental or emotional handicap). Social services can be directed to the child and his adoptive family during the adoption process and afterwards, if the family is income eligible. However, Title XX funds can not be used to pay for maintenance costs in subsidized adoptions. The 12 states discussing subsidized adoption in their final CASP plans are:

Colorado
District of Columbia
Iowa
Kentucky
Missouri
Nevada
New Mexico
Pennsylvania
South Carolina
Tennessee
Virginia
Washington

Three states discuss their participation in Adoption Resources Exchange of North America (ARENA) in their service definition. The states are: Kentucky, Ohio and Washington.

Availability

Four (4) states do not include adoption in their CASP plans: Alabama, California, Florida and Oregon. Another eight (8) states include Adoption Services as a component of other services. These include:

Alaska	Child Protective Services
Delaware	Services to Children in Substitute Care
Kansas	Legal Services Residential Services
Maine	Home Finding Legal Advocacy
Massachusetts	Placement Services
Montana	Foster Care to Children Legal Services Protective Services
New Jersey	Placement Services
North Dakota	Consulting Service, Counseling-Therapy Service, Educational Service, Evaluation Service, Foster Care Service, Health Related Service, Housing Improvement and Assistance Services, Information and Referral, Placement and Relocation Service, and Transportation

Of the 39 states providing adoption as a separate service, all but Pennsylvania offer the service statewide. Title XX funding for adoption is available in only one of Pennsylvania's four regions.

Eligibility

In the 39 states where adoption is a separate service, income maintenance recipients and income eligible children may receive the service. In addition, 12 states are providing adoption services without regard to income. The states are:

Alaska
District of Columbia
Idaho
Illinois
Kentucky
Missouri
Nevada
South Dakota
Tennessee
Texas
Virginia
Wyoming

Arkansas and New Mexico indicate in their plans that adoption services will be provided without regard to income using Title IV-B Child Welfare funds.

ADOPTION SERVICES Title XX--Final CASP PLANS FY 77	Estimated Number of Clients FY 77 #	Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY 76-77 %
Alabama					
Alaska	A component of "Child Protective Services."				
Arizona	315	167,140	32,411,119	.5	0
Arkansas	534	613,208	32,150,166	1.9	+1.4
California					
Colorado	919	518,042	39,191,700	1.3	-.6
Connecticut	290	95,479	58,608,241	.2	-.3
Delaware	A component of "Services to Children in Substitute Care."				
District of Columbia	348	314,800	14,709,500	2.1	-.6
Florida					
Georgia	3,040	1,146,327	79,633,239	1.4	-1.2
Hawaii	92	68,536	13,558,327	.5	0 2/
Idaho	549	75,830	12,630,000	.6	-1.4
Illinois	1,714	2,497,143	188,662,743	1.3	-.1
Indiana	800	1,002,034	40,796,661	2.5	0 2/
Iowa	1,729	973,465	45,627,645	2.1	+.2
Kansas	A component of several services.				
Kentucky	2,126	343,650	53,473,582	.6	-.2
Louisiana	361	286,761	58,905,539	.5	0 2/
Maine	A component of several services.				
Maryland	1,270	286,305	64,505,690	.4	-.6
Massachusetts	A component of "Placement Services."				
Michigan	720 (monthly)	1,305,720	143,340,269	.9	+.1
Minnesota	2,198	493,343	61,720,224	.8	+.2
Mississippi	84	42,000	15,223,522	.3	0
Missouri	24,486	515,584	75,442,978	.7	+.3
Montana	A component of several services.				
Nebraska	30	23,576	24,333,333	.1	3/
Nevada	306	124,046	8,741,596	1.4	+.4
New Hampshire	437	147,810	12,605,948	1.2	+.1
New Jersey	A component of "Placement Services."				
New Mexico	1,904	380,789	17,298,160	2.2	+.1
New York	9,975	5,700,194	285,600,000	2.0	+1.1
North Carolina	12,000	1,480,026	82,362,493	1.8	+.2
North Dakota	A component of several services.				
Ohio	4,654	2,007,737	169,397,133	1.2	-.6
Oklahoma	2,249	406,079	42,330,000	1.0	0 2/
Oregon					
Pennsylvania	75	48,666	206,691,000	.02	3/
Rhode Island	100	132,260	16,394,312	.8	-.1
South Carolina	1,123	523,590	43,544,277	1.2	0
South Dakota	130	95,839	11,359,811	.8	-.8
Tennessee	1,992	197,613	56,253,038	.4	+.2
Texas	950	1,581,324	187,545,708	.8	-.1
Utah	92	51,241	18,500,100	.3	-.9
Vermont	250	102,730	7,919,319	1.3	-.1
Virginia	5,481	1,243,200	78,734,459	1.6	-.1
Washington	600	330,587	54,590,029	.6	-.1
West Virginia	180 (monthly)	255,065	28,907,521	.9	+.1
Wisconsin	2,171	1,363,429	77,730,000	1.8	0 3/
Wyoming	587	283,098	5,588,105	5.1	+3.6
TOTAL	85,961 1/	$27,224,266	$2,467,017,487	1.1%	-.1%

FOR EXPLANATORY NOTES, SEE NEXT PAGE

EXPLANATORY NOTES FOR ADOPTION SERVICES
TITLE XX ESTIMATES FOR FY 77

1/ Total estimated number of clients excludes monthly estimates for Michigan and West Virginia.

2/ Twenty one (21) month plan with no change in program year estimates.

3/ Data not available for comparison between the two fiscal years.

SUBSTITUTE CARE SERVICES FOR CHILDREN AND YOUTH

Estimated Expenditure, FY 77

Total Expenditure: $237,641,889*

Percentage of Total
Title XX Expenditures: 8.2%

Estimated Number of Individuals to be Served, FY 77

375,832*

*For states not included in totals, see attached chart and explanatory notes.

Service Definition

Substitute care services for children include foster family care, group home care, institutional care, and therapeutic residental treatment. Both group home and residential care services can include payment for room and board for six months if the costs of maintenance are subordinate to the costs of the social services being provided. Although foster family care can include payments made for the provision of special services in the home and/or the costs of training foster parents, maintenance costs are specifically forbidden by Title XX regulations.

Availability

All 51 states are providing foster family care under Title XX. Generally the service includes counseling of parents before, during and after the placement; recruitment, selection and placement processes; transportation; follow-up and review of the case; involvement, where necessary, of the court; and referrals to other necessary services. In addition, 25 states plan to provide training for foster parents and 31 states plan to provide special services (i.e., payment above maintenance costs for foster parent provision of special services).

The 25 states providing training for foster parents are:

Arizona
Arkansas
California
Colorado
Connecticut
Idaho
Illinois
Indiana
Kentucky
Louisiana
Maryland
Massachusetts
Mississippi
Missouri
Montana
Nevada
New Jersey
North Carolina
North Dakota
Tennessee
Texas
Utah
Vermont
Virginia
West Virginia

The 31 states providing special services are:

- Alabama
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Florida
- Georgia
- Idaho
- Illinois
- Indiana
- Kentucky
- Louisiana
- Maryland
- Massachusetts
- Mississippi
- Missouri
- Montana
- Nevada
- New Jersey
- New York
- North Carolina
- North Dakota
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- West Virginia

Group home care is being provided in 46 states. The service is directed to children and youth with special needs, and the older foster child in the transitional phase designed to make him/her independent. In addition to the maintenance costs, medical care can be provided if integral but subordinate to the social services being provided in the facility.

Institutional care is available in 46 states and is primarily targeted to children with special needs. It is the most intensive of the three types of substitute care. Medical and maintenance costs can be included if integral but subordinate to the social services being provided in the facility.

Therapeutic residential services are a specialized form of institutional care, and are available in 30 states. These services include intensive individual and group counseling and supervised recreational and social group activities. These services are provided within a controlled or semi-controlled setting of the residential facility in order to enable the client to utilize his peers in a therapeutic manner in learning how to function in a socially acceptable way. All clients, in receiving residential treatment, also receive room and board as an essential but subordinate part of the service.

To survey which states are providing foster family care, group home care, institutional care, and therapeutic residential care, refer to the chart on page 149, "Children and Youth Services Available in the States, FY 77."

Eligibility

Substitute care services are available to income maintenance recipients and income eligibles in all 51 states.

Twenty-seven (27) states provide substitute care services universally. These include:

- Alaska
- Arizona
- Colorado
- District of Columbia
- Louisiana
- Maine
- Michigan
- Missouri
- South Carolina
- South Dakota
- Tennessee
- Texas

Idaho
Illinois
Indiana
Iowa
Kentucky
Montana
Nevada*
New Hampshire
New Mexico
Ohio
Oklahoma
Virginia
Washington
Wisconsin
Wyoming

*Nevada limits one of its two substitute care services, Foster Care to income maintenance and Medicaid (eligibility to 80%) recipients.

The following is a list of services provided to children and youth which fall within the parameters of substitute care. All service titles marked with an asterisk (*) are not included in the state-by-state summarization of substitute care expenditures. Thus the figures given here are not wholly reflective of expenditures for the substitute services. The explanation for exclusion of a particular service is indicated in parentheses after the service title. Please read through the list of services to be aware of those states and services not included in the expenditure data.

The state-by-state expenditure chart is to be found on page 163, immediately following the listing of service titles.

State-by-State List of Substitute Care Services

Alabama	Foster Care for Children Residential Care Services for Children and Youth with Exceptional Needs Residential Care Services for Delinquent Children and Youth
Alaska	Child Protective Services*
Arizona	Foster Care Residential Treatment For Dependent/Delinquent Children Special Services for Children with Problems
Arkansas	Substitute Care for Children Supervised Living* (children/adults) Institutional Placement* (children/adults)
California	Out of Home Care Services for Children
Colorado	Child Foster Care
Connecticut	Community-Based Institutional-Substitute Services* (children/adults) Counseling, Guidance, and Appraisal Service* (children/adults) Foster Care Services* (children/adults) Residential Treatment* (children/adults)
Delaware	Services to Children in Substitute Care
District of Columbia	Substitute Care Services for Children
Florida	Foster Care for Children Residential Treatment of Delinquent Children and Youth in Short-term Intensive Treatment Facilities Residential Treatment of Emotionally Disturbed Children and Adults in Short-term Intensive Treatment Facilities*
Georgia	Foster Care for Children and Adolescents
Hawaii	Foster Care Services for Children Residential Social and Rehabilitation Services
Idaho	Child Foster Care State Youth Services Center Program

* Asterisk (*) indicates no expenditure/client data available for purposes of this analysis.

Illinois	Foster Care for Children
	Short-term Evaluation
	Transitional Placement
Indiana	Foster Care Supervision
	Foster Care Diagnostic Services
	Group/Individual Foster Parent Training
	Foster Family Special Needs and Treatment Services
	Group/Residential Treatment Services
	Group Treatment Programs for Deliquents
Iowa	Commitment/Placement of Juveniles
	Foster Care - Family Home* (children/adults)
	Group Home Care
	Residential Treatment - Children
Kansas	Residential Services* (children/adults)
Kentucky	Foster Care for Children
	Residential Treatment
	Alternate Care Services* (children/adults)
	Group Home Care and Services* (children/adults)
Louisiana	Foster Care Services* (children/adults)
Maine	Foster Care Placement* (children/adults)
	Foster Care Supervision* (children/adults)
	Home Finding* (children/adults)
	Group Home Care - Mentally Ill*
Maryland	Foster Care for Children
	Comprehensive Services to Juveniles* (component for residential treatment)
Massachusetts	Specialized Foster Family Care Services
	Placement Services
	Community Residential Services* (children/adults)
Michigan	Placement Services for Children
Minnesota	Foster Care Service for Children
	Residential Treatment - Emotionally Disturbed Children
	Residential Treatment - Correctional/Children

* Asterisk (*) indicates no expenditure/client data available for purposes of this analysis.

Mississippi	Comprehensive Social Treatment for Children - Residential Foster Care Community Based Care* (children/adults) Institutional Placement* (children/adults)
Missouri	Group Care Foster Care Related Services* (children/adults) Residential Treatment* (children/adults) Special Foster Care Service* (children/adults)
Montana	Foster Care - Children Social Learning/Treatment Services Services for Youth in Crisis
Nebraska	Foster Care for Children
Nevada	Foster Care for Children Institutional Care for Children
New Hampshire	Placement Service* (children/adults) Group Home Care*) Institutional Care*) limited to 30 days emergency Foster Family Care*) shelter care
New Jersey	Placement Services* (children/adults)
New Mexico	Substitute Care Services
New York	Foster Care Services for Children
North Carolina	Foster Care Services for Children Delinquency Prevention* (limited residential treatment)
North Dakota	Foster Care Services* (children/adults)
Ohio	Foster Care for Children Residential Treatment* (children/adults)
Oklahoma	Licensing/Upgrading Facilities* Protective Services*
Oregon	Substitute Care and Treatment Service for Children
Pennsylvania	Foster Care for Children

* Asterisk (*) indicates no expenditure/client data available for purposes of this analysis.

Rhode Island	Foster Care for Children Group Care Services for Children Home Finding* Licensing*
South Carolina	Substitute Care for Children
South Dakota	Placement Services for Children Residential Treatment for Emotionally Disturbed Children Youth Services Program Alternate Care Treatment* (children/adults)
Tennessee	Foster Care Services* (children/adults) Residential Treatment* (children/adults)
Texas	Foster Care Services for Children Community Treatment Services Transitional Services for Juvenile Age Children Transitional Services for Delinquent, Dependent and Neglected Children 24-Hour Care* (children/adults)
Utah	Substitute Care* (children/adults)
Vermont	Foster Care for Children Residential Treatment for Children Specialized Foster Care Services
Virginia	Foster Care to Children
Washington	Child Foster Care
West Virginia	Foster Care for Children
Wisconsin	Planning, Placement and Supervision* (children/adults) Special Living Arrangements* (children/adults)
Wyoming	Foster Care Services for Children

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* Asterisk (*) indicates no expenditure/client data available for purposes of this analysis.

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SUMMARIZATION OF SUBSTITUTE CARE SERVICES FOR CHILDREN AND YOUTH Title XX--Final CASP Plans FY 77	Estimated Number of Clients FY 77 #	Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY 76-77 %
Alabama	6,538	4,155,537	56,219,896	7.4	-.6
Alaska	A component of "Child Protective Services."				
Arizona	12,374	4,891,369	32,411,119	15.1	-.2
Arkansas * -	2,290	5,288,200	32,150,166	16.4	+11.6
California	91,965	27,813,955	407,395,431	6.9	-4.6
Colorado	6,122	2,820,574	39,191,700	7.2	-5.2
Connecticut	Combined Services for Children/Adults.				
Delaware	1,400	1,514,965	9,021,498	16.8	+2.5
District of Columbia	3,665	2,656,900	14,709,500	18.1	+8.6
Florida *	381	2,113,615	125,625,549	1.7	3/
Georgia	10,290	4,038,920	79,633,239	5.1	+.6
Hawaii	8,784	1,255,075	13,558,327	9.3	0 2/
Idaho	2,453	2,394,828	12,630,000	19.0	+9.6
Illinois	11,023	18,004,000	188,662,743	9.5	-.6
Indiana	3,811	1,705,720	40,796,661	4.2	+.2
Iowa *	2,243	6,141,048	45,627,645	13.5	3/
Kansas	Combined Service for Children/Adults.				
Kentucky *	6,025	6,740,135	53,473,582	12.6	-.8
Louisiana	Combined Service for Children/Adults.				
Maine	Combined Services for Children/Adults.				
Maryland	14,317	8,451,621	64,505,690	13.1	+.3
Massachusetts *	15,803	8,077,118	117,031,336	7.0	+.3
Michigan	5330(Monthly)	4,603,047	143,340,269	3.2	3/
Minnesota	12,461	8,044,265	61,720,224	13.0	+8.1
Mississippi *	2,419	1,544,050	15,223,522	10.1	3/
Missouri *	326	1,449,876	75,442,978	1.9	-4.9
Montana	3,053	964,450	11,270,000	8.6	+2.0
Nebraska	700	269,200	24,333,333	1.1	3/
Nevada	1,913	2,484,597	8,741,596	28.4	+3.4
New Hampshire	Combined Service for Children/Adults.				
New Jersey	Combined Service for Children/Adults.				
New Mexico	2,649	1,881,935	17,298,160	10.9	0
New York	63,666	45,385,854	285,600,000	15.9	+5.6
North Carolina	13,000	8,088,755	82,362,493	9.8	+5.4
North Dakota	Combined Service for Children/Adults.				
Ohio *	27,805	12,615,499	169,397,133	7.5	+.1
Oklahoma	Combined Services for Children/Adults.				
Oregon	3,202	13,526,143	33,670,000	40.2	0 2/
Pennsylvania	6,893	3,624,477	206,691,000	1.8	-1.7
Rhode Island	2,735	1,897,263	16,394,312	11.6	-.8
South Carolina	3,198	762,603	43,544,277	1.8	-4.3
South Dakota *	2,581	1,423,143	11,359,811	12.5	3/
Tennessee	Combined Services for Children/Adults.				
Texas	11,099	6,510,410	187,545,708	3.5	-.2
Utah	Combined Service for Children/Adults.				
Vermont	1,712	1,683,353	7,919,319	21.3	+1.4
Virginia	5,421	7,047,410	78,734,459	9.0	-2.0
Washington	10,915	3,522,429	54,590,029	6.5	-.3
West Virginia	3200(Monthly)	2,009,433	28,907,521	7.0	-5.7
Wisconsin	Combined Services for Children/Adults.				
Wyoming	600	240,317	5,588,105	4.3	3/
TOTAL	375,832 1/	$237,641,889	$2,902,318,331	8.2%	-.6%

FOR EXPLANATORY NOTES, SEE NEXT PAGE.

EXPLANATORY NOTES ON TITLE XX SUBSTITUTE CARE SERVICES FOR CHILDREN AND YOUTH ESTIMATES FOR FY 77

*State also provides other substitute care services for children and youth but combines children, youth, and adults in the service totals. All data which combines children and adults is excluded from the expenditure chart.

1/ Total estimated number of clients:

- excludes monthly population estimate for Michigan; and
- excludes monthly population estimate for West Virginia which also includes non-Title XX recipients.

2/ Twenty-one (21) month plans with no change in program year estimates.

3/ Data for comparison between the two program years is not available.

DAY TREATMENT

Service Definition

Day treatment is an innovative social service in the continuum of care provided to children and youth. It is a more intensive form of care than day care and has three major purposes: relieve family stress by removal of the child from the home for a portion of the day; reduce the possibility of institutionalization for the child; and provide a therapeutic milieu for the child/youth's development. Day treatment services are targeted to mentally retarded, emotionally disturbed, and physically or mentally handicapped children and youth.

Analysis of the definitions for day treatment in the final state CASP Title XX plans reveals certain similarities. Components of the service include:

- educational activities;
- training activities;
- social and recreational activities;
- personal and social interaction skill development;
- activity therapies;
- individual, group and family counseling; and
- transportation.

Availability

Thirty-one (31) states are providing day treatment services. Fourteen (14) of the states have a distinct day treatment service and the remainder include it as a component of a broader service definition.

Due to the frequency with which states combine day treatment for children and adults, the attached charts only provide information on a state-by-state basis. We have made no attempt to total expenditure/client estimates for day treatment services for children.

NOTE: For purposes of this analysis, Day Care for Children with Special Needs is identified as a form of Day Treatment Services, since the type of care and target groups for service are the same.

DAY TREATMENT FOR CHILDREN Title XX -- Final CASP Plans FY 77	Estimated Number of Clients FY 77 #	Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	
Alabama	Children and Adults combined. See other chart.				
Alaska					
Arizona					
Arkansas	2,131	954,230	32,150,166	3.0	
California					
Colorado	Children and Adults combined. See other chart.				
Connecticut	Children and Adults combined. See other chart.				
Delaware	Children and Adults combined. See other chart.				
District of Columbia					
Florida					
Georgia	11,725	2,288,478	79,633,239	2.9 (See other Chart)	
Hawaii					
Idaho	6,369	879,723	12,630,000	7.0	
Illinois	783	5,121,143	188,662,743	2.7 (See other Chart)	
Indiana	304	110,487	40,796,661	.3 (See other Chart)	
Iowa	8,042	2,870,317	45,627,645	6.3 (See other Chart)	
Kansas					
Kentucky	14,814	5,274,029	53,473,582	9.9	
Louisiana					
Maine	114	68,587	16,220,833	.4 (See other Chart)	
Maryland	2,282	1,683,790	64,505,690	2.6 (See other Chart)	
Massachusetts	1,685	2,188,329	117,031,336	1.9 (See other Chart)	
Michigan	Children and Adults combined. See other chart.				
Minnesota	1,333	1,832,012	61,720,224	3.0	
Mississippi	333	42,477	15,223,522	.3 (See other Chart)	
Missouri	Children and Adults combined. See other chart.				
Montana	650	569,531	11,270,000	5.1 (See other Chart)	
Nebraska	30	30,000	24,333,333	.1 (See other Chart)	
Nevada					
New Hampshire	Children and Adults combined. See other chart.				
New Jersey	34,820	2,746,820	115,019,825	2.4	
New Mexico					
New York	Component of Preventive Services.				
North Carolina	Children and Adults combined. See other chart.				
North Dakota					
Ohio	7,046	6,220,584	169,397,133	3.7	
Oklahoma					
Oregon					
Pennsylvania					
Rhode Island					
South Carolina	Component of Spec Svcs for the D.D.; Spec. Svcs. for Mental Health.				
South Dakota					
Tennessee					
Texas	629	233,758	187,545,708	.1 (See other Chart)	
Utah	Children and Adults combined. See other chart.				
Vermont					
Virginia	217	378,869	78,734,459	.5	
Washington	Children and Adults combined. See other chart.				
West Virginia					
Wisconsin	Children and Adults combined. See other chart.				
Wyoming					
TOTAL					

FOR EXPLANATORY NOTES, SEE PAGE 168.

DAY TREATMENT FOR CHILDREN/ADULTS Title XX -- Final CASP Plans FY 77	Children/ Adults Estimated Number of Clients FY 77 #	Children/ Adults Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	
Alabama	3,107	5,367,975	56,219,896	9.5	
Alaska					
Arizona					
Arkansas					
California					
Colorado	22,610	7,724,530	39,191,700	19.7	
Connecticut	5,838	9,908,080	56,608,241	17.5	
Delaware	78	246,666	9,021,498	2.7	
District of Columbia					
Florida					
Georgia	11,000	19,163,012	79,633,239	24.1(See	other Chart)
Hawaii					
Idaho					
Illinois	16,971	17,578,857	188,662,743	9.3(See	other Chart)
Indiana	1,157	775,554	40,796,661	2.0(See	other Chart)
Iowa	4,297	1,560,293	45,627,645	3.4(See	other Chart)
Kansas					
Kentucky					
Louisiana					
Maine	15	34,355	16,220,833	.2(See	other Chart)
Maryland	2,042	7,484,745	64,505,690	11.6(See	other Chart)
Massachusetts	1,524	4,262,747	117,031,336	3.6(See	other Chart)
Michigan	5461(Monthly)	10,666,666	143,340,269	7.4	
Minnesota					
Mississippi	1,855	881,480	15,223,522	5.8(See	other Chart)
Missouri	1,309	1,989,620	75,442,978	2.6	
Montana	960	80,871	11,270,000	.7(See	other Chart)
Nebraska	1200(Monthly)	7,996,298	24,333,333	33.0(See	other Chart)
Nevada					
New Hampshire	587	1,727,285	12,605,948	13.7	
New Jersey					
New Mexico					
New York					
North Carolina	11,150	7,926,970	82,362,493	9.6	
North Dakota					
Ohio					
Oklahoma					
Oregon					
Pennsylvania					
Rhode Island					
South Carolina					
South Dakota					
Tennessee					
Texas	2,257	3,459,134	187,545,708	1.8(See	other Chart)
Utah	1,445	1,386,711	18,500,100	7.5	
Vermont					
Virginia					
Washington	2,000	3,325,000	54,590,029	6.1	
West Virginia					
Wisconsin	14,343	15,542,286	77,730,000	20.0	
Wyoming					
TOTAL					

FOR EXPLANATORY NOTES, SEE NEXT PAGE.

SERVICES TO UNMARRIED PARENTS

Estimated Expenditures for FY 77

Total Expenditures:	$8,402,624*
Precentage of Total Title XX Expenditures:	.6%

Estimated Number of Individuals to be Served, FY 77

35,300*

*For states not included in totals, see attached chart and explanatory notes.

Several components of services can be utilized to provide needed support to young, single parents and adolescents with pregnancies. Thirty-one (31) states have described such services. Of these, 19 include one or more separate service(s) for unmarried parents in their plans.

Helping expectant or unmarried parents may include such activities as arranging appropriate care and living arrangements, obtaining financial assistance, securing necessary health and legal services, and providing individual and group counseling, and child care education. Pre and post birth care may be included in the unmarried parent service definition or may be included in the framework of the family planning services definition.

Although expenditure and numbers of individuals served have been included, please note that the data are not complete.

SERVICES TO UNMARRIED PARENTS Title XX -- Final CASP Plans FY 77	Estimated Number of Clients FY 77 #	Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY 76-77 %
Alabama	468	440,278	56,219,896	.8	-.1
Alaska	A component of "Individual and Family Counseling."				
Arizona	A component of "Social Problem Solving."				
Arkansas	420	636,992	32,150,166	2.0	+.8
California					
Colorado	A component of "Individual and Family Adjustment."				
Connecticut	A component of "Counseling, Guidance and Appraisal Services."				
Delaware	76	44,516	9,021,498	.5	-.2
District of Columbia					
Florida					
Georgia	2,000	622,999	79,633,239	.8	+.4
Hawaii *	450	162,226	13,558,327	1.2	0 2/
Idaho	888	122,655	12,630,000	1.0	-1.2
Illinois	1,274	538,286	188,662,743	.3	0 2/
Indiana	10,818	644,900	40,796,661	1.6	0 2/
Iowa	A component of "Group Home Care."				
Kansas					
Kentucky	870	280,534	53,473,582	.5	-.3
Louisiana	1,146	893,870	58,905,539	1.5	0 2/
Maine					
Maryland	4,635	566,889	64,505,690	.9	-.5
Massachusetts	A component of "Community Residential Homes."				
Michigan					
Minnesota					
Mississippi *	283	28,300	15,223,522	.2	3/
Missouri					
Montana 1/	A component of several services.				
Nebraska					
Nevada					
New Hampshire					
New Jersey	A component of "Placement Services."				
New Mexico	347	185,132	17,298,160	1.1	3/
New York	5,357	1,165,458	285,600,000	.4	-.2
North Carolina	2,000	582,914	82,362,493	.7	0
North Dakota	A component of several services.				
Ohio	A component of "Family Life Education."				
Oklahoma	A component of "Health Related Services."				
Oregon	Included in counseling component of "Preventive & Restorative Svcs."				
Pennsylvania					
Rhode Island	50	23,500	16,394,312	.1	-.1
South Carolina *	100	108,002	43,544,277	.3	+.1
South Dakota					
Tennessee *	2,218	286,540	56,253,038	.5	+.2
Texas	1,900	1,068,633	187,545,708	.6	+.5
Utah					
Vermont					
Virginia					
Washington					
West Virginia	A component of "Soc., Ed., & Training Svcs. for Adol. & Single Parents"				
Wisconsin					
Wyoming					
TOTAL	35,300	$8,402,624	$1,313,778,851	.6%	-.1%

FOR EXPLANATORY NOTES, SEE NEXT PAGE.

EXPLANATORY NOTES ON TITLE XX SERVICES TO UNMARRIED PARENTS ESTIMATES FOR FY 77

*In Hawaii, Mississippi, South Carolina, and Tennessee, Services to Unmarried Parents are also included as components of other service descriptions. The services are:

Hawaii: Residential Social and Rehabilitation Services for Children and Families

Mississippi: Community Based Care

South Carolina: Substitute Care for Children

Tennessee: Residential Treatment

Data for the unmarried parents services' component of these services are not included in the expenditure chart.

1/ Montana was incorrectly represented in last year's technical note. It should not have been included in the expenditure chart on Services to Unmarried Parents.

2/ A twenty-one (21) month plan with no change in program year estimates.

3/ Data and/or service was not available in FY 76. Therefore, a comparison between the two program years is not possible.

EMERGENCY SHELTER

Emergency shelter care is available in all 51 final CASP Title XX plans. Limited to 30 days, emergency shelter care is temporary, 24-hour care of a child who cannot or must not remain in his/her own home. The service can include room and board, and medical care. All states plan to provide the service universally.

The service is directed primarily to the protective goal (3) and is an intervention technique to prevent or remedy child abuse, neglect and/or exploitation. Shelter care is frequently used as an interim service to allow time for the arrangement and provision of needed services while the child is away from the home.

In most states, emergency shelter care is included in the Protective Services for Children definition. It is also frequently referenced in other service definitions, e.g., foster care or placement services. Sixteen (16) states have emergency shelter care listed as a separate service. These states include:

Indiana

Iowa

Kentucky

Maine

Massachusetts

Missouri

New Hampshire

North Dakota

Ohio

Oklahoma

Rhode Island

Texas

Vermont

Virginia

West Virginia

Wyoming

INTER-INTRASTATE/INTERCOUNTRY PLACEMENT

Inter-intrastate/intercountry placement services are separate services in four states and are a component of foster care, adoption, or transportation in another nine states. The service includes casework services to assure compliance with statutory requirements for adequate care and protection, necessary services for the return of runaways, transportation and other counseling services. For adoption services, it is normally used to find homes for hard-to-place children. For substitute care services, it is used to provide special types of care unavailable in the state in which the child resides.

The four states which have a separate inter-intrastate/intercountry placement service are:

Indiana

North Carolina

Oklahoma

Tennessee

The nine states which indicate the use of inter-intrastate/country agreements in other services are:

Alabama	Transportation
Arizona	Transportation
Colorado	Adoption
Iowa	Adoption
Kentucky	Adoption
Louisiana	Adoption and Transportation Services
Minnesota	Adoption
North Dakota	Placement/Relocation Service
Washington	Adoption

YOUTH (DELINQUENTS, PROBATES, AND RUNAWAYS) SERVICES

Specific services in 42 state plans are directed to the needs of young persons who are at risk. These young persons have potential for being involved with the law, have already been connected with the correctional system, are on probation, or have attempted to run away from their own homes.

In order to portray a comprehensive picture of what special services are being made available for youth, a list of states with the titles of the appropriate services follows. A code is used to indicate the target groups of youth being reached by each service.

CODE:

D = Delinquents

P = Probates

R = Runaways

Y = Youth (adolescents) in need of supportive services

Expenditures and number of youth served are not included in the following list.

State	Code	Service Title
Alabama	Y/D/P	Residential Care Services for Children and Youth with Exceptional Needs
	D	Residential Care for Delinquent Children and Youth
	R	Protective Services for Children
	R	Transportation
Alaska	R	Child Protective Service
Arizona	D	Residential Treatment for Dependent/ Delinquent Children
	D	Special Services for Children with Problems
	R	Transportation
Arkansas	D	Institutional Placement
	D/P	Supervised Living
	Y	Training and Education Service
	D/P	Services to Youth in Need
	R	Services for Neglected, Abused or Exploited Children

State	Code	Service Title
California	Y/R	Service for Children with Special Problems
Colorado	D/P/R	Court Related
	Y	Individual and Family Adjustment
Connecticut	D/P	Counseling, Guidance and Appraisal Service
	R	Safeguarding Service
District of Columbia	D/Y	Delinquency Prevention and Youth Development Service
	R	Protective Service
Florida	D	Counseling
	D	Family Planning
	D	Protective Services for Children
	D	Training and Related Services
	D/P	Residential Treatment of Delinquent Children and Youth in Short-term Intensive Treatment Facilities
Georgia	D	Special Services to Children and Youth
	R	Protective Services for Children
Idaho	D/P	Youth Rehabilitation Services
	D/P	State Youth Services Center Programs
Illinois	P	Social Rehabilitation Services
	D/P	Transitional Placement
Indiana	R	Service to Assist Runaway Children
	D	Program for School Absentees
	P/D	Diagnostic Services for Juvenile Offenders
	P/D	Day Treatment Programs for Delinquents
	P/D	Group Treatment Programs for Delinquents
	Y	Urban Youth Leadership
	Y	Youth Opportunity
Iowa	P/D	Commitment/Placement of Juveniles
	R	Emergency Shelter
	D	Mental Health Services

State	Code	Service Title
Kansas	D	Community and Family Living Services
	Y	Residential Services
Kentucky	D/Y	Juvenile Services in the Community
	Y	Residential Treatment Services
Louisiana	D/Y	Family Counseling
	R	Transportation
Maine	Y	Youth Services
Maryland	D/Y	Comprehensive Services to Juveniles
	R	Emergency Shelter Service
	Y	Recreation Services
Massachusetts	D	Community Residential Services
Michigan	Y	Employment Services
	Y	Adoption Services
	Y	Health Related Services
	Y	Mental Health Treatment and Rehabilitation Services
	R	Protective Services for Children
Minnesota	D/P	Correctional - Children
Mississippi	R	Transportation (Commercial Carrier)
Missouri	D	Classification Service
	D	Educational Service
	Y/D	Group Care
	D	Intensive Group Treatment
	D	Recreational Services
Montana	Y	Citizen Action/Problem Children and Youth
	Y	Services for Youth in Crisis
	Y	Therapeutic Recreation and Volunteers for Youth
	D/P	Social Learning/Treatment
Nevada	Y	Education and Training
New Jersey	Y	Youth Services
	P	Parole Supervision
New Mexico	Y	Youth Services
New York	R	Protective Services

State	Code	Service Title
North Carolina	Y	Delinquency Prevention Services
	Y	Interstate/Intercountry Services to Children
	R	Protective Services
	Y	Services to Meet the Special Needs of Children
North Dakota	All services directed to children also directed to youth in conflict with the law.	
Ohio	Y	Developmental Services for Children and Youth
	Y	Other Educational Services
Oklahoma	R	Protective Services-Community Youth Services
	Y	Inter/Intra State Services
Oregon	D/P	Juvenile Community Services
	Y	Protective Services for Children
Rhode Island	D/P	Specialized Counseling: Youth Services Bureau Juvenile Diagnostic Center Juvenile Parole Unit Juvenile Probation and Parole
	Y	Family Management and Adjustment Services
South Carolina	Y	Companionship Services
	P	Probation, Parole and Pardon Services
South Dakota	D/P	Youth Services Program
Tennessee	R	Protective Services for Children
	R	Interstate/Intercountry Services
Texas	Y	Transitional Services for Juvenile Age Children
	D	Transitional Services for Delinquent, Dependents, and Neglected Children
Utah	Y	Transportation

State	Code	Service Title
Washington	D	Juvenile Delinquency Prevention Services
	R	Child Protective Services
West Virginia	D/P	Community Delinquency Services
	D/P/R	Youth Services

EARLY PERIODIC SCREENING, DIAGNOSIS, AND TESTING FOR CHILDREN (EPSDT)

EPSDT referral is specifically described in 22 FY 77 Title XX plans. Kansas, Montana, New Mexico and Virginia have included separate services, while the other states include EPSDT referral as a component of their Health Related Services definition.

This outreach program is designed to refer children to health providers, make necessary arrangements, and follow-up to assure that healthy conditions are maintained. EPSDT is especially useful as a preventive health system for pre-school children who otherwise may not have contact with the health care system until they register for school.

To survey which states are providing EPSDT referral services, refer to the chart, "Children and Youth Services Available in the States, FY 77," on page 150.

CAMPING FOR CHILDREN

Camping provides children with group experiences which involve outdoor recreation, athletics, and nature appreciation to improve physical and social skills. Eleven (11) states will make day and/or residential camping available for low income children. Arkansas, Maine, Massachusetts, Mississippi, New Hampshire, Ohio and Pennsylvania define a special service, while Louisiana, North Carolina, Virginia and Wisconsin include camping in their definition of recreational services.

RECREATIONAL SERVICES

Opportunities to participate in recreational and leisure time activities funded by Title XX monies are available in twenty (20) states. With respect to children, such activities could include creative, cultural and community action programs after school hours and in the summer.

For a list of the states providing recreational services to children and youth, refer to the chart, "Services to Children and Youth Available in the States, FY 77," on page 150.

FAMILY COUNSELING

Numerous problems and crises occur in an individual's or family's life that require professional, therapeutic intervention. Service activities to improve interpersonal relations can include marital counseling and family group sessions. Services may also be directed to individual problems such as a child having intra-personal problems.

Thirty-six (36) states describe such services in their plans. Refer to the chart, "Services to Children and Youth Available in the States, FY 77," on page 150 to ascertain which states do define counseling as a separate, therapeutic social service.

OTHER SERVICES/COMPONENTS OF SERVICES DIRECTED TO CHILDREN AND YOUTH

There are several services common to most states which have a component targeted to the needs of children and youth. These services are described in other technical notes. However, in order to provide a more complete picture of services for children and youth, a description of the services and the way they relate to children and families follows:

-- Day Care Services are available in all 51 states and represent 24.1% of the total Title XX expenditures. Day care is an integral component of all employment and training services for single parents. Developmental day care is also provided for children with special needs.

-- Family Planning Services are also available in all 51 states, and represents 2.2% of total expenditures. Consisting of counseling, educational, and medical services, family planning is generally available to sexually active minors.

-- Child Protective Services are provided universally in all 51 states and represent an estimated 8.1% of the total Title XX expenditures. This service, as described in the state plans, usually includes identification, diagnosis, reporting, investigation, counseling, emergency shelter, legal representation, and arranging for appropriate services for any individual under 18 years of age harmed or threatened by abuse, neglect or exploitation. In addition states, if they so choose, may provide any service described in the CASP plan without regard to income in a documented case of child abuse, neglect or exploitation.

-- Home Based Services include homemakers care which focuses on improving parental functioning as well as protecting the child from potentially harmful situations. Home management services also provide helpful instruction to individuals on child care, home maintenance, nutrition and budget management.

-- Services to Alcohol and Drug Abusers include educational and counseling components targeted to youth who are experiencing substance abuse.

-- Services to Developmentally Disabled Children include various services and methods of delivery. Special services for diagnosing, counseling, and caring for the needs of emotionally disturbed, mentally retarded, and blind children are included in the Title XX plans.

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-- Legal Services are separately described in 33 state plans, making up 1.4% of the total Title XX expenditures. Legal assistance is a supplement to children and youth services, and includes resolving custody questions, determination of parental and child rights, appropriateness of placement as well as return of runaways and other inter-state/intercountry agreements.

-- Health and Mental Health Services are directed to individuals and families to help them identify health needs, receive appropriate care, and maintain their health. Services for mentally ill individuals include counseling, crisis intervention, and residential treatment.

-- Transportation is provided in all states and it is estimated that 2.0% of the budget goes to this auxillary service. The availability of transportation services ensures children and families access to services as well as returning runaways and enabling families to maintain ties with children placed in substitute care.

Combining the various components of these services being directed to children and youth with the more specific children's services and substitute care described previously, it is apparent that children, youth and their families do have a wide array of Title XX services available to them.

Technical Note #14

TITLE XX — Final CASP Plans, FY 77

"Housing Services"

Estimated Expenditures for FY 77

Total Expenditure:	$23,857,437*
Percentage of Total Title XX Expenditures:	.9%

Estimated Number of Individuals to be Served, FY 77

369,241*

* For states not included in totals, see attached chart and explanatory notes.

Service Definition

Housing Services are those services designed to develop resources by improving suitability and quality of housing; to assist in obtaining and retaining adequate housing; to assist in communication, mediation, and advocacy between tenants and landlords. Minor renovations and repairs may also be included.

Availability

Thirty-two (32) states are providing housing services as a separate service in the Title XX final plans. Another nine states provide housing services as a component of another service definition or in the coordination section of the plan. These include:

Alabama - Housing Service included as a component of "Counseling."
Arkansas - "Home Management" includes assistance with housing.
Delaware - Coordination with housing services.
Hawaii - Coordination with housing authority.

Maryland	- Housing assistance provided as a component of "Community Home Care," Comprehensive Services to Alcoholics" and "Services to Adults and Families."
Mississippi	- "Counseling for Self-Care" provides for assistance in housing.
South Dakota	- "WIN/Employment-Related Service" includes assistance in obtaining adequate housing.
Texas	- "Health-Related Services" includes provision of housing and relocating services for health reasons.
Washington	- Coordination with Housing and Community Development Assistance.

The ten (10) remaining states make no mention of housing services or coordination with housing authorities in their FY 77 Title XX final plans. These include Alaska, Arizona, District of Columbia, Georgia, Idaho, Montana, New Mexico, Nebraska, Oregon, and Wyoming.

Of the thirty-two (32) states providing housing as a separate service, the majority (26) offer the service statewide. The exceptions are: Colorado, Minnesota, North Dakota, Ohio, South Carolina, and Virginia.

Eligibility

In all but two states, housing services are available to income maintenance recipients and income eligibles. The two exceptions are Illinois and Vermont, which limit housing services to income maintenance (AFDC/SSI) recipients. In addition, eight states, Colorado, Kentucky, Louisiana, Michigan, Missouri, South Carolina, Tennessee, and Wisconsin, plan to provide housing services without regard to income when the service is directed to preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests.

Service Comparison: FY 76 and 77 Title XX Plans

Changes in housing services between FY 76 and 77 include the following:

- The FY 77 plans for Kansas and South Carolina include separate housing services. The FY 76 plan for Kansas made no mention of housing assistance; the FY 76 plan for South Carolina included housing as a component of other services.
- The FY 77 plans for Alabama and Maryland include housing services as a component of other services. In the FY 76 plans both States defined housing as a separate service.

- The FY 77 Georgia plan makes no mention of housing services. In FY 76, the Georgia plan defined housing as a separate service.

- The percentage of total estimated expenditures for housing services decreased by 0.2% between FY 76 and 77. As the attached state-by-state comparison chart indicates, the percentage change between program years is marginal for most states.

HOUSING SERVICES TITLE XX FINAL CASP PLANS FY 77	Housing Estimated Number of Clients FY 77 #	Housing Estimated Expenditures FY 77 $	(184) Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change Housing Expenditures FY 76-77 %
Alabama	Component of "Counseling Services"				
Alaska					
Arizona					
Arkansas	Component of "Home Management Services"				
California	11,620	997,009	407,395,431	.2	0
Colorado	1,620	302,900	39,191,700	.8	0
Connecticut	1,390	213,739	58,608,241	.4	-.3
Delaware					
District of Columbia					
Florida	6,275	502,067	125,625,549	.4	0
Georgia					
Hawaii					
Idaho					
Illinois	14,857	614,286	188,662,743	.3	0
Indiana	28,000	172,480	40,796,661	.4	0 2/
Iowa	729	234,948	45,627,645	.5	0 2/
Kansas	1,210	250,000	35,678,095	.7	3/
Kentucky	2,807	220,276	53,473,582	.4	-1.6
Louisiana	4,302	104,218	58,905,539	.2	0 2/
Maine	2,174	392,942	16,220,833	2.4	0 2/
Maryland	Component of several services; see availability section				
Massachusetts	11,622	575,086	117,031,336	.5	-.8
Michigan	2,574(Monthly)*	1,837,715	143,340,269	1.3	+.4
Minnesota	5,200	547,864	61,720,224	.9	+.2
Mississippi	Component of "Counseling for Self-Care"				
Missouri	69,250	1,781,456	75,442,978	2.4	-.5
Montana					
Nebraska					
Nevada	7,102	61,436	8,741,596	.7	0
New Hampshire	1,248	151,563	12,605,948	1.2	+.4
New Jersey	9,610	1,942,632	115,019,825	1.7	-.2
New Mexico					
New York	28,803	3,104,618	285,600,000	1.1	-.5
North Carolina	11,000	1,223,665	82,362,493	1.5	+.3
North Dakota	56	32,605	10,000,000	.3	0 2/
Ohio	37,792	1,587,350	169,397,133	.9	-.7
Oklahoma	2,242	120,543	42,330,000	.3	0 2/
Oregon					
Pennsylvania	62,301	2,343,947	206,691,000	1.1	-.9
Rhode Island	15,928	859,237	16,394,312	5.2	+1.0
South Carolina	235	18,846	43,564,277	.04	3/
South Dakota	Component of "WIN/Employment Related Services"				
Tennessee	8,966	752,088	56,253,038	1.3	+.5
Texas	Component of "Health-Related Services"				
Utah	210	64,575	18,500,100	.4	+.3
Vermont	3,143	49,603	7,919,319	.6	-.1
Virginia	10,292	684,606	78,734,459	.9	-.6
Washington					
West Virginia	278 (Monthly)*	861,708	28,907,521	3.0	+1.1
Wisconsin	9,257	1,251,429	77,730,000	1.6	0 2/
Wyoming					
TOTAL	369,241 1/	$23,857,437	$2,728,451,847	.9%	-.2%

FOR EXPLANATORY NOTES, SEE NEXT PAGE.

EXPLANATORY NOTES ON TITLE XX
HOUSING SERVICES ESTIMATES FOR FY 77

1/ The estimated total for number of clients served by Title XX in FY 77:

- excludes monthly population estimates in Michigan and West Virginia.
- includes Housing Services for the Blind in North Carolina.

2/ Twenty-one (21) month plans with no change in program year estimates.

3/ A new service; information not available for comparison of expenditures between FY 76 and 77.

Technical Note #15

TITLE XX -- Final CASP Plans, FY 77

"Legal Services"

Estimated Expenditures, FY 77

Total Expenditures:	$33,305,427*
Percentage of Total Title XX Expenditures:	1.4%

Estimated Number of Individuals to be Served, FY 77

366,746*

* For states not included in totals, see attached chart and explanatory notes.

Service Definition

Legal services, as defined in the FY 77 final CASP plans, are non-criminal, non-fee generating legal matters. Typical problems met by this service include: child support, divorce, adoption, housing, civil rights, employment, guardianship, and commitment to institutions.

Availability

Thirty-three (33) states plan to provide legal services as a discrete service. In 23 of these states, the service is available statewide. The exceptions are:

Arizona
California
Indiana
Minnesota
New Mexico
Maryland
North Dakota
Ohio
Utah
Virginia

In addition, Indiana plans to provide both Legal Services and Legal Services to the Elderly.

Although 18 states (listed below) do not include legal services in their social service plans, most describe legal services as necessary components of other services, e.g., Protective Services for Children/Adults, Foster Care, Adoption, Substitute Payee, etc.

Those states without a separate legal service are:

Alaska
Arkansas
District of Columbia
Hawaii
Kentucky
Louisiana
Michigan
Mississippi
Nebraska
New York
Oklahoma
Oregon
Rhode Island
South Dakota
Washington

Eligibility

The eligible categories of individuals to be served include both income maintenance recipients and income eligibles in 27 of the 33 states. In Delaware, Montana, and Vermont, eligibility is limited to income maintenance status; and in Illinois, it is limited to AFDC only. West Virginia limits legal services to income maintenance recipients and income eligibles who are aged, blind, or disabled. Twelve of the states plan to provide legal services without regard to income when the service is directed towards preventing or remedying neglect, abuse, or exploitation of children, and adults unable to protect their own interests. The states are:

Alabama
Colorado
Iowa
Maine
Maryland
Missouri
New Mexico
Ohio
South Carolina
Tennessee
Virginia (Court services only)
Wisconsin
Wyoming

Service Comparison: FY 76 and 77 Title XX Plans

Changes in legal services over the two program years include:

- The FY 77 CASP plans for Arizona, New Hampshire and New Mexico, define legal services as a discrete service. In FY 76, legal services were a component of other service definitions in these states.

- The percentage change between FY 76 and 77 for estimated expenditures is a decrease of 0.1%. As the attached state-by-state comparison chart indicates, the percentage change between program years is marginal for most states.

LEGAL SERVICES TITLE XX FINAL CASP PLANS FY 77	Legal Services Estimated Number of Clients FY 77 #	(188) Legal Services Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change Legal Services FY 76-77 %
Alabama	12,000	1,443,732	56,219,896	2.6	+2.1
Alaska					
Arizona	4,008	367,363	32,411,119	1.1	2/
Arkansas					
California	3,289	351,245	407,395,431	.09	+.01
Colorado	4,583	1,233,873	39,191,700	3.2	+.5
Connecticut	19,102	1,918,103	58,608,261	3.3	-1.2
Delaware	700	66,666	9,021,498	.7	-.4
District of Columbia					
Florida	4,869	418,498	125,625,549	.4	+.1
Georgia	4,200	693,158	79,633,239	.9	-1.7
Hawaii					
Idaho					
Illinois	571	28,571	188,662,743	.02	0 3/
Indiana	50,457	614,286	40,796,661	1.5	+1.46
Iowa	1,973	50,659	45,627,645	.1	-2.2
Kansas	1,250	109,692	35,678,095	.3	0
Kentucky					
Louisiana					
Maine	400	164,771	16,220,833	1.0	0 3/
Maryland	12,874	1,555,958	64,505,690	2.4	-.2
Massachusetts	800	600,000	117,031,336	.5	-.5
Michigan					
Minnesota	4,192	552,380	61,720,224	.9	+.3
Mississippi					
Missouri	53,692	2,024,788	75,442,978	2.7	-.5
Montana	2,400	200,000	11,270,000	1.8	0 3/
Nebraska					
Nevada					
New Hampshire	419	104,943	12,605,948	.8	2/
New Jersey	21,118	2,545,854	115,019,825	2.2	0
New Mexico	651	173,699	17,298,160	1.0	2/
New York					
North Carolina	7,500	1,497,360	82,362,493	1.8	+.8
North Dakota	10	9,452	10,000,000	.1	0 3/
Ohio	21,498	1,757,909	169,397,133	1.0	-.5
Oklahoma					
Oregon					
Pennsylvania	82,000	10,915,365	206,691,100	5.3	-.3
Rhode Island					
South Carolina	2,804	333,505	43,544,277	.8	+.1
South Dakota					
Tennessee	9,177	474,386	56,253,038	.8	+.2
Texas					
Utah	1,360	177,594	18,500,100	1.0	-.8
Vermont	3,097	180,500	7,919,319	2.3	-.7
Virginia	13,409	1,650,738	78,734,459	2.1	+1.4
Washington					
West Virginia	639 (Monthly)*	400,000	28,907,521	1.4	-.5
Wisconsin	21,657	570,286	77,730,000	.7	0 3/
Wyoming	686	100,093	5,588,105	1.8	1.2
TOTAL	366,746 1/	33,305,427	2,395,614,256	1.4%	-.1%

FOR EXPLANATORY NOTES, SEE NEXT PAGE.

EXPLANATORY NOTES ON TITLE XX
LEGAL SERVICES ESTIMATES FOR FY 77

1/ The estimated number of persons served excludes the monthly population estimate in West Virginia.

2/ A new service; information not available for comparison of expenditures between FY 76 and 77.

3/ Twenty-one (21) month plans with no change in program year estimates.

NOTE: The compilation of data on the state-by-state chart includes "Court Services" for the states of Colorado, Virginia, Wisconsin, and Wyoming. This service was included because it clearly supplements the legal service definition as it relates to adoption, foster care, and institutional placement. Given the definition of Substitute Payee/Protective Payee and Probation and Parole Services contained in the plans, these services were omitted from the data compilation.

Technical Note #16

TITLE XX -- Final CASP Plans, FY 77

"Transportation Services"

Estimated Expenditure, FY 77

Total Expenditure:	$48,085,380*
Percentage of Total Title XX Expenditures:	2.0%

Estimated Number of Individuals to be Served, FY 77

1,164,178*

* For states not included in totals, see attached chart and explanatory notes.

Service Definition

Transportation services are generally described as those activities which provide clients with travel to and from service providers or community resources and facilities, including medical and health facilities, shopping services, and places of employment, education or training. In addition, ten states specifically describe escort services as part of the service definition.

Availability

Transportation is a separate service in 39 states and a component of other services in 12 states. It is available statewide in 29 states, and in the remaining 10 states, the majority plan to provide transportation services in over half of their planning areas. The 10 states include: Colorado, Georgia, Hawaii, Idaho, Minnesota, New York, North Dakota, Ohio, Tennessee and Virginia. In addition, the following eight states plan to provide more than one transportation service:

Florida	Transportation Services Escort Service
Indiana	General Transportation Health Related Services for Children - Transportation Nutrition Program for the Elderly - Transportation Day Program Transportation for the Developmentally Disabled

Maine	Transportation Services Transportation Services for the Mentally Retarded
Mississippi	Transportation Transportation-Commercial Carrier
Montana	Transportation for Developmentally Disabled Persons
Nebraska	Transportation Services for Families Transportation Services for Adults
North Carolina	General Transportation Transportation Services for the Blind
Virginia	General Transportation Transportation for the Visually Handicapped

Eligibility

All but 7 states plan to provide Transportation Services to both income maintenance recipients and income eligibles. In the remaining states, eligibility is limited to:

Delaware — AFDC/SSI/Essential Persons
New Hampshire — AFDC/SSI/XIX
Illinois — AFDC/SSI/General Assistance
Massachusetts — SSI/Income Eligibles (for Aged only)
Hawaii — SSI/Income Eligible (for Aged or Disabled Adults)
Montana — SSI/Income Eligible (for Aged or Developmentally Disabled)
Vermont — AFDC/SSI — locating and arranging service is available to income eligibles.

Ten states, Arizona, Colorado, Florida, Georgia, Louisiana, Nevada, South Carolina, South Dakota, Wisconsin and Wyoming plan to provide transportation services without regard to income when the service is directed to preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests.

Service Comparison: FY '76 and 77 Title XX Plans

Changes in transportation services over the two program years include the following:

- The FY 77 CASP plans for Arizona, Connecticut and Idaho define transportation as a discrete service. In FY 76, transportation was a component of other service definitions.

- In FY 77, Maryland and Michigan plan to provide transportation as a component of other service definitions. In FY 76, these states defined transportation as a discrete service.

- The percentage of total estimated expenditures for transportation services decreased by 0.3% between FY 76 and 77. There are minor percentage changes in most state estimates. Where noticeable changes have occured, e.g., in Missouri and Tennessee, last year's manipulation of estimated expenditure data (9 month plan data prorated to 12 months) may partially explain the difference in expenditure levels for the two fiscal years. 1/

1/ For additional information on the length of initial plan years, please refer to: "The Planning Process," Technical Note #2 dated January 12, 1976.

TRANSPORTATION SERVICES TITLE XX FINAL CASP PLANS	Transportation Estimated Number of Clients FY 77 #	(193) Transportation Estimated Expenditures FY 77 $	Title XX Final Plan Budgets FY 77 $	Percentage of Total %	Percentage Change in Estimated Expenditures FY 76-77 %
Alabama	8,006	645,466	56,219,896	1.2	+.5
Alaska	Transportation is a supportive service for most services.				
Arizona	48,771	1,552,204	32,411,119	4.8	3/
Arkansas	5,823	648,870	32,150,166	2.0	-.3
California	Transportation is a supportive service for most services.				
Colorado	4,010	448,900	39,191,700	1.2	-.6
Connecticut	3,930	188,803	58,608,241	.3	3/
Delaware	750	66,666	9,021,498	.7	0
District of Columbia	Transportation is a supportive service for most services.				
Florida	129,199	6,014,312	125,625,549	4.8	+1.7
Georgia	5,523	230,788	79,633,239	.3	-2.7
Hawaii	87,502(Trips)*	162,521	13,558,327	1.2	0 2/
Idaho	874	40,026	12,630,000	.3	3/
Illinois	3,200	844,571	188,662,743	.5	0 2/
Indiana	111,555	1,355,605	40,796,661	3.3	0
Iowa	8,556	1,870,898	45,627,645	4.1	+.8
Kansas	4,050	1,140,356	35,678,095	3.2	-.1
Kentucky	Service related transportation provided but considered admin. costs.				
Louisiana	72,249	4,028,084	58,905,539	6.8	0 2/
Maine	63,011	942,631	16,220,833	5.8	0 2/
Maryland	Transportation is a supportive service for most services.				
Massachusetts	4,020	1,174,464	117,031,336	1.0	-.4
Michigan	Transportation will be arranged for any service when needed.				
Minnesota	8,628	795,316	61,720,224	1.3	+.3
Mississippi	1,352	180,220	15,223,522	1.2	0
Missouri	38,954	2,119,876	75,442,978	2.8	-2.7
Montana	5,974	416,071	11,270,000	3.7	0 2/
Nebraska	1,142 (Monthly)*	297,276	24,333,333	1.2	- .9
Nevada	11,081	247,026	8,741,596	2.8	- .5
New Hampshire	8,000	235,074	12,605,948	1.9	- .7
New Jersey	294,677(Rides)*	1,913,096	115,019,825	1.7	- .6
New Mexico	Transportation is a supportive service for most services.				
New York	143,829	713,018	285,600,000	.3	- .1
North Carolina	23,700	2,743,184	82,362,493	3.3	+ .4
North Dakota	251	106,707	10,000,000	1.1	0 2/
Ohio	135,150	6,604,255	169,397,133	3.9	+1.3
Oklahoma	Transportation will be arranged for any service when needed.				
Oregon	Transportation is a supportive service for most services.				
Pennsylvania	160,587	4,158,806	206,691,000	2.0	- .1
Rhode Island	Transportation is a supportive service for some services.				
South Carolina	54,174	905,040	43,544,272	2.1	+ .3
South Dakota	2,000	97,382	11,359,811	.9	-.4
Tennessee	19,188	877,537	56,253,038	1.6	-4.2
Texas	Transportation is a supportive service for all services.				
Utah	3,271	282,602	18,500,100	1.5	- .1
Vermont	3,748	144,552	7,919,319	1.8	- .4
Virginia	55,253	2,643,578	78,734,459	3.4	-1.3
Washington	Transportation is a supportive service for most services.				
West Virginia	3,255(monthly)*	589,575	28,907,521	2.0	+1.0
Wisconsin	15,086	622,286	77,730,000	.8	0 2/
Wyoming	425	37,738	5,588,105	.7	+ .3
TOTAL	1,164,178 1/	$48,085,380	$2,368,917,269	2.0%	- .3%

FOR EXPLANATORY NOTES, SEE NEXT PAGE

EXPLANATORY NOTES ON TITLE XX TRANSPORTATION SERVICE EXPENDITURES FOR FY 77

NOTE: When transportation is described as a supportive service for most services, it indicates that transportation is a component of a number of services. These typically include: adoption, foster care, residential care, family planning, day care for children, employment and training.

1/

The estimated total for number of clients to be served by Title XX in FY 77:

- excludes monthly population estimates for Nebraska and West Virginia; and

- excludes estimated trips in Hawaii and estimated rides in New Jersey.

2/

Twenty-one (21) month plans with no change in program year estimates.

3/

A new service; information not available for comparison of expenditures between FY 76 and 77.

Technical Note
Appendix

TITLE XX -- Final CASP Plans, FY 77

"Services Catalogue"

An integral part of the Title XX state CASP plans is the catalogue of services, which describes the services, eligible categories of individuals, expenditures and number of individuals to be served. For purposes of analysis, we have compiled the lists of services from the 51 state CASP plans. The services have been ordered from largest to smallest share of the state's services catalogue budget.

The calculations are based upon the total of the figures given in the services catalogue rather than the budget described in a separate section of the final plan. In many instances, the two budget totals were not equal and the percentages would not represent 100 percent of the total if the plan budget figure was used.

In addition to the number of individuals served and expenditures per service, the average cost per client was calculated simply by taking the proportion of cost to the number to be served. Certainly this cost per unit is only a gross estimate and should be used with caution. In Michigan, Nebraska (some services), Oregon and West Virginia, it was not possible to establish program year unit cost estimates because the population data is given on a monthly basis while expenditures are given for the program year. In addition, some of South Dakota's services include non-Title XX recipients. For those services, no average cost per Title XX client was obtainable.

The mini-chart at the bottom of each state's services listing is the breakout by eligible category for percentage of the number of individuals served and expenditures. This breakout is summarized for all states on the following page. Here the categories are limited to income maintenance, which includes AFDC, SSI, essential persons for AFDC and SSI, and Medicaid recipients; and income eligibles, which includes eligible individuals based on income as well as those receiving services without regard to income.

The plans for Nebraska, North Carolina, and Virginia did not provide data which would allow us to show the proportion of Title XX clients per category of individual. The plans for North Dakota, Oregon, South Dakota, and West Virginia did not provide the data necessary to show the proportion of Title XX clients or expenditures for the eligible categories.

SUMMARY of the Percent of Title XX Expenditure & Individuals Served by INCOME MAINTENANCE & INCOME ELIGIBLE CATEGORIES	Income Maintenance Number Served 1/	Income Eligible Number Served 2/	Income Maintenance Expenditures 1/	Income Eligible Expenditure 2/	A-2
Alabama	64.3%	35.7%	61.9%	38.1%	
Alaska	37.0%	63.0%	25.2%	74.8%	
Arizona	23.1%	76.9%	38.1%	61.9%	
Arkansas	83.7%	16.3%	74.5%	25.5%	
California	28.8%	71.2%	68.3%	31.7%	
Colorado	16.3%	83.7%	54.6%	45.3%	
Connecticut	45.7%	54.3%	49.0%	51.[illegible]%	
Delaware	40.1%	59.9%	60.0%	40.0%	
District of Columbia	65.5%	34.5%	49.1%	50.9%	
Florida	14.1%	85.9%	31.1%	68.9%	
Georgia	26.7%	73.3%	63.6%	36.4%	
Hawaii	47.5%	52.5%	54.4%	45.6%	
Idaho	70.4%	29.6%	65.0%	35.0%	
Illinois	72.9%	27.1%	68.1%	31.9%	
Indiana	42.4%	57.6%	48.0%	52.0%	
Iowa	54.0%	46.0%	52.8%	47.2%	
Kansas	50.0%	50.0%	48.2%	51.8%	
Kentucky	58.9%	41.1%	52.8%	47.2%	
Louisiana	75.2%	24.8%	69.2%	30.8%	
Maine	40.3%	59.7%	55.6%	44.4%	
Maryland	28.7%	71.3%	57.5%	42.5%	
Massachusetts	42.3%	57.7%	73.8%	26.2%	
Michigan	28.1%	71.9%	67.0%	33.0%	
Minnesota	25.1%	74.9%	58.7%	41.3%	
Mississippi	76.4%	23.6%	77.5%	22.5%	
Missouri	51.2%	48.8%	53.2%	46.8%	
Montana	57.4%	42.6%	57.9%	42.1%	
Nebraska	Data not obtainable		59.6%	40.4%	
Nevada	62.3%	37.7%	64.8%	35.2%	
New Hampshire	36.4%	63.6%	51.0%	49.0%	
New Jersey	72.5%	27.5%	61.8%	38.2%	
New Mexico	52.5%	47.5%	57.0%	43.0%	
New York	60.9%	39.1%	78.2%	21.8%	
North Carolina	Data not obtainable		44.9%	55.1%	
North Dakota	Data on eligible categories not obtainable				
Ohio	64.2%	35.8%	68.0%	32.0%	
Oklahoma	88.5%	11.5%	88.5%	11.5%	
Oregon	Data on eligible categories not obtainable				
Pennsylvania	35.5%	64.5%	54.4%	45.6%	
Rhode Island	86.3%	13.7%	82.8%	17.2%	
South Carolina	53.7%	46.3%	49.0%	51.0%	
South Dakota	Data on eligible categories not obtainable				
Tennessee	29.5%	70.5%	55.0%	45.0%	
Texas	32.6%	67.4%	42.5%	57.5%	
Utah	17.8%	82.2%	59.3%	40.7%	
Vermont	51.3%	48.7%	47.5%	52.5%	
Virginia	No data obtainable		52.1%	47.9%	
Washington	75.3%	24.7%	70.6%	29.4%	
West Virginia	Data on eligible categories not obtainable				
Wisconsin	67.1%	32.9%	77.4%	22.6%	
Wyoming	31.4%	68.6%	42.9%	57.1%	

1/ This category includes AFDC, SSI, Essential Persons and Medicaid Recipients.

2/ This category includes eligible individuals based on income and individuals receiving services available without regard to income.

ALABAMA

Program Plan Budget:$56,219,896 **Services Catalogue Budget:$56,219,896**

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care for Children	14,127	15,727,326	1,113	28.0
Counseling Services	180,000	10,383,975	58	18.5
Day Care for the Physically and/or Mentally Handicapped	2,069	4,364,870	2,110	7.8
Protective Services for Children	14,000	3,892,217	278	6.9
Homemaker Services for Adults	5,975	3,212,034	538	5.7
Foster Care for Children	6,000	2,625,360	438	4.7
Residential Care Services for the Mentally Ill	534	1,981,383	3,710	3.5
Information and Referral Services	11,000	1,852.191	168	3.3
Legal Services	12,000	1,443,732	120	2.6
Day Care for Adults	802	1,274,143	1,589	2.3
Mental Health Counseling	8,338	1,240,020	149	2.2
Residential Care Services for Children and Youth with Exceptional Needs	290	1,040,409	3,588	1.8
Day Treatment Services	1,038	1,003,105	966	1.8
Family Planning	25,000	900,522	36	1.6
Residential Care for Alcoholics	629	750,000	1,192	1.3
Transportation Services	8,006	645,466	81	1.1
Homemaker Services for Children	1,440	596,236	414	1.1
Diagnostic and Evaluative Services	5,182	543,994	105	1.0
Home Delivered Meals	1,490	493,378	331	.9
Residential Care for Delinquent Children and Youth	248	489,768	1,975	.9

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	44.9%	19.4%	27.5%	8.2%				
EXPENDITURES	43.0%	18.9%	30.6%	7.5%				

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ALABAMA - 2

Program Plan Budget: $56,219,896 **Services Catalogue Budget:** $56,219,896

Program/Fiscal Year 10/1/76 - 9/30/76

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Protective Services for Adults	1,200	450,522	375	.8
Services to Unmarried Parents	468	440,278	941	.8
Residential Care Services for the Mentally Retarded	100	283,947	2,839	.5
Foster Care for Adults	450	250,070	556	.4
Congregate Meals	385	203,534	529	.3
Home Training Services for the Blind and/or Deaf	270	54,996	204	.1
Home Training Services for the Mentally Retarded	135	53,895	399	.1
Social Functioning Services	900	22,525	25	.04

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ALASKA

Program Plan Budget: $5,299,900 **Services Catalogue Budget: $5,299,900**

Program/Fiscal Year 7/1/76 - 6/30/77

Services	**Population** **#**	**Expenditures** **$**	**Average Cost Per Client** **$**	**Per Cent of Total** **%**
Child Protection Services	1,901	2,538,800	1,336	47.9
Day Care Services	664	858,000	1,292	16.2
Individual and Family Counseling	1,314	721,100	549	13.6
Information and	[illegible],000	522,500	44	9.9
Homemaker Services	773	398,600	516	7.5
Homehelper Services	336	220,800	657	4.2
Family Planning Services	7,500	40,100	5	.7

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	19.3%	17.7%	6.2%	56.8%				
EXPENDITURES	21.0%	4.2%	17.4%	57.4%				

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ARIZONA

Program Plan Budget: $32,411,119 **Services Catalogue Budget:** $32,411,119

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Child Day Care Services	10,144	8,912,248	879	27.5
Child Protective Services	6,115	3,124,300	511	9.6
Residential Treatment for Dependent/Delinquent Children	905	3,000,000	3,315	9.3
Social Problem Solving	93,684	2,542,694	27	7.8
Special Services for Developmentally Disabled Individuals	7,903	1,602,628	203	4.9
Foster Care	2,935	1,581,955	539	4.9
Transportation Service	48,771	1,552,204	32	4.8
Special Services for Physically Disabled Individuals	8,099	1,352,580	167	4.2
Special Services for Mentally Disturbed	4,334	1,205,175	278	3.7
Health Related Services	10,503	1,144,122	109	3.5
Housekeeper Service	3,321	938,481	283	2.9
Nutritional Supplementation	5,028	858,705	171	2.7
Adult Day Care Services	930	838,693	902	2.6
Information and Referral	140,558	773,760	6	2.4
Adult Protective Services	1,767	701,045	397	2.2
Special Services for Substance Abusers	4,543	622,616	137	1.9
Home Management	2,146	367,840	171	1.1
Legal Aid and Defense	4,008	367,363	92	1.1
Special Services for Children with Problems	8,534	309,414	36	1.0

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	10.9%	12.2%	36.7%	40.2%				
EXPENDITURES	19.2%	18.9%	47.3%	14.6%				

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ARIZONA

Program Plan Budget: $32,411,119 **Services Catalogue Budget:** $32,411,119

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Family Planning	3,260	247,251	76	.8
Adoption Services	315	167,140	531	.5
Educational Services	3,277	131,088	40	.4
Social Development	2,972	69,817	23	.2

ARKANSAS

Program Plan Budget: $32,150,166 **Services Catalogue Budget:** $32,150,166

Program/Fiscal Year 7/1/176 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care for Children	7,390	6,421,542	869	20.0
Substitute Care for Children	2,290	5,288,200	2,309	16.4
Services for Neglected, Abused or Exploited Children	3,400	2,722,850	801	8.5
Special Services for the Disabled	2,106	1,615,302	767	5.0
Health Related Services	122,903	1,596,022	13	5.0
Supervised Living Services	677	1,216,670	1,797	3.8
Training and Educational Services	3,296	1,159,197	352	3.6
Socialization Services	3,480	1,103,097	317	3.4
Institutional Placement Services	10,529	1,071,601	102	3.3
Employment Services	4,074	1,056,750	259	3.3
Mental Health Services	3,091	1,031,490	334	3.2
Services for Youth in Need	2,131	954,230	448	3.0
Chore Services	1,836	877,336	478	2.7
Day Care for Adults	554	721,401	1,302	2.2
Homemaker Services	491	718,408	1,463	2.2
Home Delivered Meals	2,485	718,177	289	2.2
Transportation Services	5,823	648,870	111	2.0
Services to Unmarried Parents	420	636,992	1,517	2.0
Special Services for the Blind	3,398	625,232	184	1.9
Adoption Services	534	613,208	1,148	1.9
Family Maintenance Services	2,518	442,591	176	1.4
Information and Referral	12,000	288,000	24	.9
Day and Residential Camping Services	1,024	217,360	212	.9
Protective Services for Adults	495	179,036	362	.6
Emergency Services	2,115	150,000	71	.5

			Medicaid					
	AFDC	SSI	Income Eligible	Income Eligible	Universal			
INDIVIDUALS	52.8%	19.2%	11.7%	14.7%	1.6%			
EXPENDITURES	32.6%	21.9%	20.0%	23.6%	1.9%			

ARKANSAS - 2

Program Plan Budget:$32,150,166 Services Catalogue Budget:$32,150,166

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Home Management Services	861	55,632	65	.2
Foster Care for Adults	110	20,972	191	.1

CALIFORNIA

Program Plan Budget: $407,395,431* **Services Catalogue Budget:** $397,981,701*

Program/Fiscal Year 7/1/76 - 6/30/77

*The difference between the service catalogue and program plan budget is due to the state legislature appropriating an additional $10 million to the title XX budget shortly before the plan was printed. The state did not have time to distribute the additional monies across services.

Services	Population \#	Expenditures $	Average Cost Per Client $	Per Cent of Total %
In-Home Supportive Services	112,966	119,423,215	1,057	30.0
Child Day Care Services TOTAL	90,372	109,869,706		27.6
Direct Services	54,233	104,486,324	1,927	
Support Services	36,139	5,383,382	149	
Protection Services for Children	177,710	31,543,070	178	7.9
Out-of-Home Care Services for Children	91,965	27,813,955	302	7.0
Health Related Services	123,169	13,885,646	113	3.5
Information and Refferal	1,417,626	13,216,959	9	3.3
Out-of-Home Care Services for Adults	47,463	12,202,389	257	3.1
Employment Related Services	114,381	10,601,154	93	2.7
Protective Services for Adults	56,313	9,427,293	167	2.4
Work Activity Program for Developmentally Disabled Individuals	6,385	8,473,621	1,327	2.1
Family Planning	140,934	8,352,004	59	2.1
Services to Alleviate or Prevent Family Problems	39,845	7,083,725	178	1.8
Employment/Education/Training	25,252	5,080,937	201	1.3
Home Management and Other Functional Educational Services	36,020	4,709,192	131	1.2
Services for Children with Special Problems	18,057	4,410,866	244	1.1
Special Care for Children in Their Own Homes	14,874	2,497,303	168	.6

	AFDC	SSI/SSP	Income Eligible	Universal				
INDIVIDUALS	19.7%	9.1%	6.7%	64.5%				
EXPENDITURES	30.3%	38.0%	18.1%	13.6%				

CALIFORNIA - 2

Program Plan Budget: $407,395,431* Services Catalogue Budget: $397,981,701*

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Services for Disabled Individuals	6,515	2,158,464	331	.5
A Diagnostic Treatment Services for Children	380	2,080,976	5,476	.5
Special Services for Adults	12,529	1,709,318	136	.4
Housing Services	11,620	997,009	86	.3
Sustenance	7,625	982,240	129	.2
Special Services for Mentally Disabled Adults and their Families	1,012	860,200	850	.2
Legal Services	3,289	351,245	107	.1
Home Management and Other Functional Educational Services for Mentally Disabled Individuals	99	84,150	850	.02
Special Services for the Blind	468	66,226	142	.02
Services to County Jail Inmates	2,680	56,638	21	.01
Special Services for Mentally Disabled Children and their Families	52	44,200	850	.01

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*The difference between the service catalogue and program plan budget is due to the state legislature appropriating an additional $10 million to the title XX budget shortly before the title XX final plan was printed. The state did not have time to distribute the additional monies across services.

COLORADO

Program Plan Budget: $39,191,700 **Services Catalogue Budget: $38,560,162**

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care	17,726	10,706,951	604	27.8
Services for the Developmentally Disabled in Special Programs	22,610	7,724,530	342	20.0
Homemaker	3,803	4,690,035	1,233	12.2
Individual and Family Adjustment	19,431	3,227,002	166	8.4
Child Foster Care	6,122	2,820,574	461	7.3
Assessment of Need for Protection	13,875	2,743,596	198	7.1
Information and Referral	243,000	1,634,084	7	4.2
Health Related	11,260	1,227,700	109	3.2
Court Related	3,583	1,155,673	323	3.0
Adoption	919	518,042	564	1.3
Transportation	4,010	448,900	112	1.2
Education and Training	7,260	438,400	60	1.1
Financial Management	3,350	385,500	115	1.0
Housing	1,620	302,900	187	.8
Employment	2,770	165,100	60	.4
Home Management	2,070	144,100	70	.4
Family Planning	2,835	110,775	39	.3
Legal	1,000	78,200	78	.2
Adult Foster Care	250	38,100	152	.1

	AFDC	SSI	AFDC/SSI	Other Assistance Payments	Medicaid	Income Eligible 55%	Income Eligible 80%	Universal
INDIVIDUALS	9.6%	3.3%	.6%	2.4%	.4%	1.4%	4.4%	77.9%
EXPENDITURES	29.6%	16.0%	.02%	8.4%	.6%	9.3%	16.6%	19.4%

CONNECTICUT

Program Plan Budget: $58,608,241　　Services Catalogue Budget: $58,608,241

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Counseling-Guidance and Appraisal Services	54,724	11,822,719	216	20.2
Day Care Services	11,025	9,830,081	892	16.8
Residential Treatment Service	5,460	8,619,497	1,579	14.7
Special Education, Training and Support Services	5,454	8,533,261	1,565	14.6
Services to Enhance Employability	10,473	6,173,857	590	10.5
Information and Referral Services	435,459	3,360,406	8	5.7
Safeguarding Services	19,139	2,402,058	126	4.1
Legal Services	19,102	1,918,103	100	3.3
Homemanagment-Maintenace Services	4,000	1,860,870	465	3.2
Day Treatment Services	384	1,374,819	3,580	2.3
Family Planning Services	59,450	941,803	16	1.6
Foster Care Services	4,824	570,812	118	1.0
Community Based Institutional Substitute Services	2,042	420,369	206	.7
Recreational, Social Development, Enrichment, Adjustment Service	11,817	281,565	24	.5
Shelter Assistance Service	1,390	213,739	154	.4
Transportation Services	3,930	188,803	48	.3
Adoption Services	290	95,479	329	.1

	AFDC	SSI	Medicaid	Income Eligible				
INDIVIDUALS	32.5%	4.8%	8.4%	54.3%				
EXPENDITURES	34.3%	4.9%	9.8%	51.0%				

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DELAWARE

Program Plan Budget: $9,021,498 Services Catalogue Budget:$9,021,498

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care for Children	2,200	4,633,855	2,106	51.4
Services to Children in Substitute Care	1,400	1,514,965	1,082	16.8
Protective Services for Children	1,500	828,316	552	9.2
Homemaker Services	363	469,989	1,294	5.2
Assessment, Information and Referral	50,000	371,986	7	4.1
Daytime Care & Activity for Mentally Retarded	78	246,666	3,162	2.7
Foster Care for Adults	400	227,371	568	2.5
Crisis Alleviation Service (Emergency Services)	8,000	131,304	16	1.5
Special Services to Blind Persons	600	125,346	209	1.5
Day Care for Adults	33	82,500	2,500	.9
Family Counseling	5,000	70,535	14	.8
Health Related Social Services	15,000	70,535	5	.8
Legal Services	700	66,666	95	.7
Transportation Services	750	66,666	89	.7
Services to Pregnant Adolescent Girls (DAPI)	76	44,516	586	.5
Services for Foster Grandparents	14	38,232	2,731	.4
Volunteer Services (Administrative Cost Only)	675	21,050	31	.2
Family Planning Services	160	11,000	69	.1
W.I.N.	2,000	Cost allocated to Information and Referral, Health Related Services and Family Counseling		

	AFDC	SSI	Essential Persons	Income Eligible	Universal			
INDIVIDUALS	30.1%	7.3%	2.7%	2.0%	57.9%			
EXPENDITURES	48.4%	11.2%	.4%	26.7%	13.3%			

DISTRICT OF COLUMBIA

Program Plan Budget: $14,709,500 **Services Catalogue Budget:** $14,709,500

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Day Care Services	4,163	3,170,900	762	21.6
Substitute Care Services for Children	3,665	2,656,900	725	18.1
Problem Assessment and Resolution	32,000	1,501,300	47	10.2
Delinquency Prevention and Youth Development Services	7,000	1,487,100	212	10.1
Homemaker Services	1,252	1,358,100	1,085	9.2
Crisis Services	10,000	1,130,200	113	7.7
Health Related Services	32,000	980,500	31	6.7
Chore Services	979	873,700	892	5.9
Protective Services for Children	1,400	515,300	368	3.5
Adoption Services	348	314,800	905	2.1
Substitute Care Services for Adults	735	235,800	321	1.6
Information and Referral	12,000	223,200	19	1.5
Protective Services for Adults	1,200	198,800	166	1.4
Family Planning	3,200	62,900	20	.4

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	49.0%	16.5%	15.9%	18.6%				
EXPENDITURES	35.5%	13.6%	38.5%	12.4%				

FLORIDA

Program Plan Budget: $224,103,355* Services Catalogue Budget: $125,625,549*

Program/Fiscal Year 7/1/76 - 6/30/77

*See next page.

Services	Title XX Population #	Title XX Expenditures $	Title XX Average Cost Per Client $	Title XX Per Cent of Total %
Counseling	173,088	23,933,879	138	19.0
Child Day Care	12,660	18,786,517	1,484	15.0
Training and Related Services	32,214	14,751,563	458	11.7
Health Support Services	100,483	14,459,291	144	11.5
Protective Services for Children	104,492	12,415,825	119	9.9
Information and Referral	1,164,430	7,806,321	7	6.2
Social Group Services	30,032	6,933,631	231	5.5
Transportation Services	104,725	4,343,628	41	3.5
Homemaker Services	39,481	3,697,359	94	2.9
Protective Services for Adults	37,049	2,194,233	59	1.7
Home Management Services	30,167	2,088,019	69	1.7
Residential Treatment of Delinquent Children and Youth in Short-Term Intensive Treatment Facilities	298	1,902,317	6,384	1.5
Adult Day Care	15,307	1,834,488	120	1.5
Escort Services	24,474	1,670,684	68	1.3
Administration		1,259,676		1.0
Family Planning Services	17,012	1,203,927	71	1.0
Health Education	32,882	1,217,880	37	1.0
Employment Services	10,301	864,852	84	.7
Alternate Placement for Adults	10,699	685,396	64	.5
Nursing Home Services	6,608	602,268	91	.5
Home Delivered Meals	1,998	508,080	254	.4
Housing Improvement Services	6,275	502,067	80	.4
Consumer Education and Protection	10,535	499,856	47	.4
Legal Services	4,869	438,498	90	.3

*See explanation next page.

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	8.1%	6.0%	20.2%	65.7%				
EXPENDITURES	21.1%	10.0%	50.9%	18.0%				

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FLORIDA - 2

Program Plan Budget: $224,103,355* **Services Catalogue Budget: $125,625,549***

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Title XX Population #	Title XX Expenditures $	Title XX Average Cost Per Client $	Title XX Per Cent of Total %
Chore Services	2,191	240,172	110	.2
Foster Care Services for Children	83	211,298	2,546	.2
In-Home Supervision	1,010	209,933	208	.2
Residential Treatment of Emotionally Disturbed Children and Adults in Short-Term Intensive Treatment Facilities	685	142,553	208	.1
Residential Treatment of Alcoholics or Alcohol Abusers in Short-Term Intensive Treatment Facilities	7,972	119,351	15	.1
Nutrition Services	3,605	68,000	19	.05
Companionship Services	1,445	30,816	21	.03
Residential Treatment of Drug Abusers in Short-Term Intensive Treatment Facilities	353	3,171	9	.003

*Florida's Title XX Plan is a comprehensive social services plan, which includes non-Title XX federal and state dollars. Both population and expenditure data are derived from a formula based on the percentage of funds represented by Title XX relative to the total expenditure per service.

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GEORGIA

Program Plan Budget: $79,633,239 Services Catalogue Budget: $79,633,239

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Child Care Services	21,019	20,278,344	965	25.5
Special Day Care and Training (Mental Retardation)	11,000	19,163,012	1,742	24.0
Health Related Services	90,840	8,012,556	88	10.0
Protective Services for Children	82,000	6,296,945	77	7.9
Foster Care for Children and Adolescents	10,290	4,038,920	393	5.1
Home Management and Other Functional Educational Services	39,281	3,688,883	94	4.6
Special Services to Children and Youth	11,725	2,288,478	195	2.9
Indirect Administrative Costs		2,133,334		2.7
Family Planning	69,700	1,887,009	27	2.4
Day Care for Adults	700	1,673,777	2,391	2.1
Chore and/or Homemaker Services	7,000	1,577,874	225	2.0
Employability Services	12,300	1,466,526	119	1.8
Adoption	3,040	1,146,327	377	1.4
Information and Referral	293,600	841,638	3	1.1
Protective Services for Adults	25,000	771,856	31	1.0
Legal Services	4,200	693,158	165	.9
Services to Expectant Parents	2,000	622,999	311	.8
Home Delivered or Congregate Meals	4,500	538,807	120	.7
Reporting Systems Costs		504,893		.6
Home Evaluation and Supervision	3,300	437,385	133	.5
Evaluation of Vocational Potential	220	357,334	1,624	.4
Foster Care for Adults	830	303,426	366	.4
Management Information Unit		252,058		.3

	AFDC	SSI	INCOME ELIGIBLE	UNIVERSAL				
INDIVIDUALS	20.4%	6.3%	5.9%	67.4%				
EXPENDITURES	40.4%	23.2%	23.6%	12.8%				

GEORGIA - 2

Program Plan Budget: $79,633,239 **Services Catalogue Budget:** $79,633,239

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Transportation	5,523	230,788	42	.3
Quality Control Unit		215,066		.3
Administrative and Support Staff		211,848		.3

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HAWAII*

*THIS IS A 21 MONTH PLAN

Therefore, the data below only
reflects information available
in the FY 75 final CASP plan.

Program Plan Budget: $23,727,072 Services Catalogue Budget: $23,727,072

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Child Care	4,853	7,000,043	1,442	29.5
Services to Meet Special Needs of Alcoholics and Drug Abusers	4,538	1,991,316	439	8.4
Employment and Training (Families and Children)	1,945	1,821,365	936	7.7
Family Planning	46,227	1,713,826	37	7.2
Family Services	7,278	1,430,117	196	6.0
Foster Care (Children)	1,085	1,133,988	1,045	4.8
Chore Services (Adults)	2,426	1,107,873	457	4.7
Residential Social Rehabilitation (Families and Children)	14,287	1,062,394	74	4.5
Employment and Training (Families and Children)	3,828	905,987	237	3.8
Health Support (Families and Children)	44,058	855,206	19	3.6
Day Care for Disabled Elderly	264	807,629	3,059	3.4
Child Protective Service	2,003	698,092	349	2.9
Foster Home Care (Adults)	1,281	630,237	492	2.7
Health Support (Adults)	3,533	473,047	134	2.0
Information and Referral	35,702	456,903	13	1.9
Transportation for Elderly or Disabled	153,129	284,411	2	1.2
Unmarried Parents Service	788	283,895	360	1.2
Protective Service (Adults)	380	195,163	514	.8
Residential Social Rehabilitation (Adults)	8,073	180,222	22	.8

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	16.5%	31.0%	41.2%	11.3%				
EXPENDITURES	36.1%	18.3%	40.1%	5.5%				

HAWAII - 2

Program Plan Budget: $23,727,072 **Services Catalogue Budget:** $23,727,072

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Chore Service (Housekeeping) (Families and Children)	220	157,284	715	.7
Homemaker (Adults)	284	145,317	512	.6
Homemaker (Families and Children)	253	145,316	574	.6
Administration		127,503		.5
Adoption	161	119,938	745	.5

IDAHO

Program Plan Budget: $12,630,000 Services Catalogue Budget: $12,630,000

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Information and Referral	18,948	2,617,206	138	20.7
State Youth Services Center Program	300	2,097,443	6,991	16.6
Child Protection	9,124	1,260,259	138	10.0
Supportive Counseling Services	8,680	1,158,911	134	9.2
Health Related Services	7,446	1,028,484	138	8.1
Sheltered Workshop Services	637	930,000	1,460	7.4
Youth Rehabilitation Services	6,369	879,723	138	7.0
Family Planning Services	4,959	684,965	138	5.4
Chore Services	3,881	536,066	138	4.2
Homemaker Services	3,144	434,267	138	3.4
Child Foster Care	2,153	297,385	138	2.3
Adult Protection	2,095	289,373	138	2.3
Services to Unmarried Mothers	888	122,655	138	1.0
Day Care for Children	882	121,826	138	1.0
Adoption Services	549	75,830	138	.6
Home-Delivered Meals	330	45,581	138	.4
Transportation Services	874	40,026	46	.3
Disaster Relief	4,000	10,000	3	.1

	AFDC	SSI	Medicaid	Income Eligible				
INDIVIDUALS	40.6%	20.3%	9.3%	29.6%				
EXPENDITURES	38.7%	19.6%	6.7%	35.0%				

ILLINOIS*

*THIS IS A 21 MONTH PLAN

The data below reflects
information available in the
FY 76 CASP plan as amended.

Program Plan Budget: $333,928,800 1/ Services Catalogue Budget: $330,159,800 1/

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care for Children	179,000	95,886,000	536	29.0
Day Training for Special Needs	29,700	30,763,000	1,036	9.3
Information and Referral		29,840,900		9.0
Foster Care for Children	19,000	29,130,000	1,533	8.8
Chore - Housekeeping	123,000	25,118,000	204	7.6
Homemaker Services	75,800	18,937,000	250	5.7
Social and Rehabilitation Services	57,300	16,458,000	287	5.0
Home and Financial Management	47,000	11,791,000	251	3.6
Education and Training Services	52,800	9,462,000	179	2.9
Protective Services for Children	22,000	8,976,000	408	2.7
Services to Handicapped Children	1,370	8,962,000	6,542	2.7
Residential Treatment	4,520	7,150,000	1,582	2.2
Outpatient Drug Abuse Services	5,460	5,410,000	991	1.6
Adoption Services	3,000	4,370,000	1,457	1.3
Health Related Services	72,400	4,030,000	56	1.2
Services to the Blind/ Partially Sighted	12,200	3,926,000	322	1.2
Employment Services	15,100	3,821,000	253	1.2
Work Release	4,680	3,797,000	811	1.2
Outpatient Services	52,000	3,633,000	70	1.1
Short-Term Evaluation	140	1,832,000	13,086	.6
Protective Services for Adults	101,300	1,701,900	17	.5

1/ The service catalogue budget excludes $3,769,000 for Family Planning, funded predominantly by Title XIX.

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	48.6%	24.3%	13.6%	13.5%				
EXPENDITURES	48.5%	19.6%	19.6%	12.3%				

ILLINOIS - 2

Program Plan Budget: $333,928,800 Services Catalogue Budget: $330,159,800

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population \#	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Transportation	5,600	1,478,000	264	.5
Day Care for Adults	3,140	1,075,000	342	.3
Housing Improvement	26,000	1,075,000	41	.3
Services to Unmarried Parents	2,230	942,000	422	.3
Transitional Placement	150	545,000	3,633	.2
Legal Services	1,000	50,000	50	.02
Family Planning		(Funded by Title XIX)		

INDIANA*

*THIS IS A 21 MONTH PLAN

Therefore, the data below only
reflects information available
in the FY 76 final CASP plan.

Program Plan Budget: $71,394,156 Services Catalogue Budget: $71,394,156

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Services for Children	4,050	10,451,847	2,581	14.6
Day Programs for Developmentally Disabled - Self Support	4,455	8,091,900	1,816	11.3
Chore & Housekeeping Services	31,521	7,973,856	253	11.2
Nutrition Program for Elderly	7,292	4,313,314	592	6.0
Counseling Parents to Prevent/Remedy Neglect	6,300	3,725,568	591	5.2
Information and Referral	612,500	2,887,500	5	4.0
Services to Prevent/Remedy Neglect of Adults	17,500	2,695,000	154	3.8
Youth Opportunity Programs	33,000	2,363,130	72	3.3
Detoxification Program	10,000	2,000,000	200	2.8
Diagnostic Services for Adult Offenders	3,501	1,998,743	571	2.8
Family Counseling Service	48,125	1,778,700	37	2.5
Adoption Services	1,400	1,753,560	1,253	2.5
Day Activity Programs for Developmentally Disabled Children/Adults	2,024	1,357,220	671	1.9
Homemaker and Parental Training	5,104	1,325,000	260	1.9
Foster Care Supervision	5,250	1,293,600	246	1.8
Emergency Shelter Care to Prevent Neglect	3,325	1,264,725	380	1.8
Day Program Transportation for Developmentally Disabled	2,430	1,142,100	470	1.6
Group and Residential Treatment Services	316	1,075,016	3,402	1.5

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	33.9%	8.5%	18.7%	38.9%				
EXPENDITURES	28.5%	19.5%	33.8%	18.2%				

INDIANA - 2

Program Plan Budget: $71,394,156 **Services Catalogue Budget:** $71,394,156

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Complaint Response to Neglect and Abuse of Children	17,500	970,200	55	1.4
Family Planning Service	17,500	962,500	55	1.3
Health Related Services/Adults	35,000	954,800	27	1.3
Health Related Services/Children	251,650	850,850	3	1.2
Family Planning Counseling	253,750	781,550	3	1.1
School Social Service	62,000	626,157	10	.9
Legal Counseling for Elderly	50,000	600,000	12	.8
Prenatal and Post-partum Care, Training and Counseling	57,750	577,500	10	.8
Prerelease Training in Community Living Skills	389	556,000	1,429	.8
Services to Diagnose Neglect or Reasons for it	6,125	505,313	83	.7
Adult Day Activity Programs	10,000	500,000	50	.7
Halfway House for Mentally Ill	80	487,500	6,094	.7
Urban Youth Leadership Programs	6,633	476,000	72	.7
Training School Age Parents	1,256	437,500	348	.6
Single Parent Services	17,500	431,200	25	.6
Bilingual Day Care for Children	353	400,000	1,133	.6
Foster Family Special Needs and Treatment Services	350	386,444	1,104	.5
Halfway House for the Developmentally Disabled	66	364,500	3,523	.5
Housing Services	49,000	301,840	6	.4
Activities of Daily Living for Blind and Visually Handicapped	560	266,000	475	.4
Maternity Home Services	175	259,875	1,485	.4
Program for School Absentees	1,200	250,000	208	.4
Drug and Alcohol Education, Information and Referral	50,000	235,444	5	.3
Counseling Inmates for Community Living	4,725	230,959	49	.3

INDIANA - 3

Program Plan Budget: $71,394,156 **Services Catalogue Budget:** $71,394,156

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Diagnostic Services for Juvenile Offenders	392	218,750	558	.3
General Transportation Service	147,000	192,500	1	.3
Indigenous Chore Training	88	161,583	1,836	.2
Group Treatment Programs for Delinquents	53	143,325	2,704	.2
Home Visitations/Psychiatric Social Services	6,125	140,000	23	.2
Friendly Visitors for Adults	12,250	137,522	11	.2
Day Treatment Programs for Delinquents	316	127,312	403	.2
Interstate Placement Services	9,030	108,378	12	.2
Diagnostic Services for Developmentally Disabled	407	60,760	149	.09
Specialized Services for Handicapped Children	216	50,027	232	.07
Group and Individual Foster Parent Training	350	48,125	138	.07
Services to Assist Runaway Children	718	39,463	52	.06
Foster Care Diagnostic Service	350	38,500	110	.05
Legal Services	800	25,000	31	.04

IOWA

Program Plan Budget: $45,627,645

Services Catalogue Budget: $45,627,645

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Homemaker Services	37,970	5,226,096	138	11.5
Sheltered Environment - Sheltered Workshop	3,707	4,558,024	1,230	10.0
Residential Treatment - Children	656	4,421,994	6,741	9.7
Child Protective Services: Treatment	8,042	2,870,317	357	6.3
Foster Care - Family Home	5,326	2,702,856	507	5.9
Day Care in a Licensed Center	8,629	2,543,197	295	5.6
Home Management and Functional Education	21,479	2,436,276	113	5.4
Transportation	8,556	1,870,898	219	4.1
Child Protective Services: Investigation	8,620	1,614,162	187	3.5
Health Related - Families and Childrens Services	4,117	1,561,568	379	3.4
Special Day Care	4,297	1,560,293	363	3.4
Health Related Services - SSI	3,822	1,517,937	397	3.3
Residential Treatment - Adults	438	1,469,023	3,354	3.2
Day Care in a Family Day Care Home	10,897	1,064,375	98	2.3
Group Home Care	318	1,020,539	3,209	2.2
Adoptive Services	1,729	973,465	563	2.1
Employment/Educational Services	2,707	918,043	339	2.0
Chore Services	8,525	916,634	108	2.0
Adult Protective Services	3,151	892,969	283	2.0
Alcohol Dependency	4,077	738,826	181	1.6
Commitment and Placement of Juveniles	1,269	698,515	550	1.5
Alternative Living for Adults	525	626,653	1,194	1.4

	AFDC	SSI	Income Eligible	Universal		
INDIVIDUALS	27.0%	27.0%	33.8%	12.2%		
EXPENDITURES	26.4%	26.4%	33.0%	14.2%		

IOWA - 2

Program Plan Budget: $45,627,645 Services Catalogue Budget: $45,627,645

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population \#	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Assessment Services	1,360	619,928	456	1.4
Family Planning	11,638	496,080	43	1.1
Emergency Shelter	536	392,867	733	.9
In-Home Treatment	1,366	376,742	276	.8
Administrative Support		362,900		.8
Drug Dependency	4,017	298,807	74	.7
Housing Services	729	234,948	322	.5
Day Care - In Home	9,621	212,240	22	.5
Mobile/Congregate Meals	1,729	197,326	114	.4
Mental Health Services	20,942	182,488	9	.4
Legal Services	1,973	50,659	26	.1

A-30

KANSAS

Program Plan Budget:$35,678,095 **Services Catalogue Budget:**$35,678,095

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Services	5,983	10,602,733	1,772	29.7
Habilitation and Rehabilitation	3,989	7,133,248	1,788	20.0
Residential Services	5,600	4,789,984	855	13.4
Protective Services for Children and Adults	8,644	2,915,504	337	8.2
Homemaker Services	16,734	2,415,421	144	6.8
Chore Services	9,573	1,978,277	207	5.5
Community and Family Living Services	27,014	1,342,852	50	3.8
Transportation Services	4,050	1,140,356	282	3.2
Educational Services	7,069	1,029,044	146	2.9
Early and Periodic Screening, Diagnosis and Treatment	42,000	860,524	20	2.4
Family Planning Services	10,168	609,520	60	1.7
Meal Services	760	277,132	365	.8
Weatherization Services	1,210	250,000	207	.7
Information and Referral	26,575	223,808	8	.6
Legal Services	1,250	109,692	88	.3

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	42.4%	7.6%	32.2%	17.8%				
EXPENDITURES	37.9%	10.3%	47.7%	4.1%				

KENTUCKY

Program Plan Budget:$53,473,582 **Services Catalogue Budget:$53,473,582**

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Social Services Planning Services	85,292	6,569,010	77	12.3
Residential Treatment Services	1,730	5,000,135	2,890	9.4
Family or Individual Counseling Services	25,296	4,786,472	189	9.0
Adult Activities and/or Work Center Activities	2,103	3,674,281	1,747	6.9
Day Care Services for Children	2,300	3,345,937	1,455	6.3
Home Management/Homemaking Services	4,143	3,310,000	799	6.2
Alcohol Abuse Prevention and Treatment Services	9,024	2,612,144	289	4.9
Child Protection Services	13,640	2,235,000	164	4.2
Health Related Services	137,895	2,198,054	16	4.1
Juvenile Services in the Community	12,758	2,168,333	170	4.1
Continuing Care Services	6,999	2,041,267	292	3.8
Preschool Day Training and Treatment Services	1,806	1,845,696	1,022	3.4
Foster Care Services for Children	4,295	1,740,000	405	3.2
Group Home Care Services	340	1,602,367	4,713	3.0
Sheltered Workshops Services	840	1,283,797	1,528	2.4
Day Treatment Services	250	1,260,000	5,040	2.4
Counseling Service for the Emotionally Disturbed Child	9,331	1,174,887	126	2.2
Family Planning Services	137,036	1,025,000	7	1.9
Emergency Shelter for Children Services	4,229	1,015,067	240	1.9
Alternate Care Services	6,045	930,000	154	1.7

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	48.4%	10.5%	36.6%	4.5%				
EXPENDITURES	31.2%	21.6%	39.9%	7.3%				

KENTUCKY - 2

Program Plan Budget: $53,473,582 Services Catalogue Budget: $53,473,582

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Education, Training and Rehabilitation Service	10,290	823,012	80	1.5
Drug Abuse, Prevention and Treatment Services	2,220	762,498	343	1.4
Adult Protection Services	4,175	635,000	152	1.2
Adoption Services	2,126	343,650	162	.6
Employment Related Services	3,808	304,585	80	.6
Day Care Services for Adults	140	284,080	2,029	.5
Unmarried Parents Service	870	280,534	322	.5
Housing and Home Improvement Services	2,807	220,276	78	.4
Foster Care Services for the Aged	25	22,500	900	.04

LOUISIANA*

*THIS IS A 21 MONTH PLAN

Therefore, the data below only
reflects information available
in the FY 76 final CASP plan.

Program Plan Budget: $103,084,693   Services Catalogue Budget: $93,791,317

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care for Children	43,931	22,216,028	506	23.7
Health Related	234,209	14,647,610	63	15.6
Family Planning Services	75,232	9,267,778	123	9.9
Family Counseling	82,727	7,453,835	90	8.0
Transportation Services	126,436	7,049,147	56	7.5
Foster Care Services	7,410	6,123,893	826	6.5
Education and Training	77,808	5,443,442	70	5.8
Information and Referral	130,237	5,360,215	41	5.7
Home Delivered Meals	7,009	4,080,518	582	4.4
Homemaker and Chore Services	117,103	3,459,117	30	3.7
Protective Services	25,738	3,322,509	129	3.5
Maternity Services	2,006	1,564,272	780	1.7
Recreational Services	7,351	963,016	131	1.0
Home Management Services	23,622	883,898	37	.9
Employment Services	4,874	671,024	138	.7
Day Care Services for Adults	3,975	600,801	151	.6
Adoption Services	632	501,832	794	.5
Housing Improvement Services	7,528	182,382	24	.2

	AFDC	SSI	Income Eligible					
INDIVIDUALS	51.3%	23.9%	24.8%					
EXPENDITURES	53.5%	15.7%	30.8%					

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MAINE*

*THIS IS A 21 MONTH PLAN

Therefore, the data below only
reflects information available
in the FY 76 final CASP plan.

Program Plan Budget: $28,386,475 Services Catalogue Budget: $27,917,632

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population \#	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Day Care	3,801	4,298,199	1,131	15.4
Services to Mentally Retarded	3,278	3,325,262	1,014	11.9
Alcoholism	19,972	2,602,250	130	9.3
Homemaker - Home Health Aides (Direct)	11,550	2,275,000	197	8.2
Services to Mentally Ill	3,862	2,241,487	580	8.0
Social Diagnosis, Evaluation, Direct Services	14,591	2,226,430	153	8.0
Foster Care Supervision	4,838	1,803,183	373	6.5
Transportation	110,000	1,386,732	13	5.0
Family Planning	17,506	1,312,500	75	4.7
Meals for the Elderly	3,150	928,375	295	3.3
Counseling	14,341	870,277	61	3.1
Homemaker - Home Health Aide (Purchased)	2,545	856,500	337	3.1
Foster Care Placement	4,835	819,007	169	2.9
Youth Services	2,010	632,195	315	2.3
Housing	3,304	603,750	183	2.2
Information and Referral	70,000	395,000	6	1.4
Legal Advocacy	700	288,350	412	1.0
Camperships	3,360	280,000	83	1.0
Connecting	14,591	250,000	17	.9
Home-finding	5,900	178,843	30	.6
Protective Day Care	200	120,028	600	.4
Housing Advocacy	500	83,898	168	.3
Services to the Blind	263	70,000	266	.3
Emergency Shelter	150	37,980	253	.1
Handicapped - Recreation	500	32,386	65	.1

	AFDC	SSI	Medicaid	Income Eligible	Universal			
INDIVIDUALS	19.2%	19.2%	1.9%	29.6%	30.1%			
EXPENDITURES	29.8%	24.0%	1.8%	35.5%	8.9%			

MARYLAND

Program Plan Budget: $64,505,690 **Services Catalogue Budget:** $65,836,072

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care for Children	10,386	13,958,389	1,344	21.2
Services to Families	33,028	9,253,140	280	14.1
Foster Care for Children	14,317	8,451,421	590	12.8
Comprehensive Services to Mentally Retarded Adults and Children	2,042	7,484,745	3,665	11.4
Homemaker Service/Chore Service	4,867	4,583,567	942	7.0
Protective Services for Children	8,132	3,869,857	476	5.9
Community Home Care	10,808	3,219,602	298	4.9
Services to Adults (Non-Aged)	5,740	2,136,451	372	3.2
Comprehensive Services for Drug Addicts and Drug Abusers	3,293	1,730,246	525	2.6
Comprehensive Services for Juveniles	2,282	1,683,790	738	2.6
Comprehensive Services for Alcoholic Persons	14,671	1,661,538	113	2.5
Comprehensive Mental Health Services	5,116	1,591,800	311	2.4
Legal Services	12,874	1,555,958	125	2.4
Day Care for Adults	417	677,915	1,626	1.0
Services to Adults in Institutions	3,324	622,056	187	.9
Single Parent Service	4,635	566,889	122	.9
Health-Related Services	4,846	449,560	93	.7
Family Planning	7,191	432,420	60	.7
Special Services to the Handicapped	1,891	431,521	228	.7
Multi-Purpose Senior Centers	3,036	415,069	136	.6
Adoption	1,270	286,305	225	.4

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	18.5%	10.2%	18.7%	52.6%				
EXPENDITURES	34.4%	23.1%	35.9%	6.6%				

MARYLAND - 2

Program Plan Budget: $64,505,690 **Services Catalogue Budget:** $65,836,072

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population \#	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Information and Referral	155,745	281,133	2	.4
Protective Services for Adults	509	214,749	422	.3
Home Delivered/Congregate Meals	1,643	200,000	122	.3
Foster Care for Adults	327	77,951	238	.1

MASSACHUSETTS

Program Plan Budget: $91,683,333   Services Catalogue Budget: $117,205,024*

Program/Fiscal Year 7/1/76 - 6/30/77

*Includes additional state monies for Title XX services.
(Actual plan figure is $117,031,336.)

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Services	19,625	24,443,910	1,246	20.9
Community Residential Services	8,160	17,111,602	2,097	14.6
Homemaker Services	22,383	15,698,468	701	13.4
Assessment and Diagnosis	46,960	10,500,284	224	9.0
Placement Services	15,719	7,946,078	506	6.8
Family and Individual Life Education and Counseling Services	63,919	6,099,349	95	5.2
Administrative Costs		6,076,020		5.2
Information and Referral Services	227,020	5,341,304	24	4.5
Day Activities Services	1,524	4,262,747	2,797	3.6
Protective Services for Children	22,642	3,835,786	169	3.3
Chore Services	10,305	2,635,637	256	2.2
Therapeutic Day Services	1,685	2,188,329	1,299	1.9
Sheltered Workshop Services	1,619	1,888,389	1,166	1.6
Case Management Services	14,082	1,620,294	115	1.4
Transportation Services	4,020	1,174,464	292	1.0
Protective Services for Adults	11,937	1,018,179	85	.9
Camping Services	3,855	664,760	172	.6
Extended Employment Services	417	625,500	1,500	.5
Emergency Services	11,600	614,721	53	.5
Legal Services	800	600,000	750	.5
Housing Services	11,622	575,086	49	.5
Emergency Shelter Care	2,757	545,523	198	.4

	AFDC	SSI Aged	SSI Disabled	SSI Blind	Medicaid	Income Eligible	Universal	
INDIVIDUALS	24.3%	8.6%	3.4%	1.0%	5.0%	11.0%	46.7%	
EXPENDITURES	36.6%	14.3%	15.7%	.6%	6.6%	16.6%	9.6%	

MASSACHUSETTS - 2

Program Plan Budget: $91,683,333 **Services Catalogue Budget:** $117,205,024*

Program/Fiscal Year 7/1/76 - 6/30/77

* See previous page for explanatory note.

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Comprehensive Family Planning Services	14,653	530,485	36	.4
Community Organization/ Development Services	37,369	280,264	8	.2
Home Management Service	1,309	210,126	161	.2
Talking Books	6,115	183,468	30	.2
Recreation Services	2,963	181,853	61	.2
Specialized Foster Family Care Services	84	131,040	1,560	.1
Rehabilitation Teaching Services	826	123,900	150	.1
Community Mobility Services	286	64,388	225	.06
Vision Utilization	275	33,070	120	.03

MICHIGAN

Program Plan Budget: $143,340,269 **Services Catalogue Budget:** $143,340,269

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Monthly Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Services for Children	17,264	32,894,239	Monthly estimates of population to be served preclude computing average costs per client.	22.9
Chore Services	11,589	28,174,634		19.7
Protective Services for Children	10,350	13,927,706		9.7
Placement Services for Adults	11,449	13,276,899		9.3
Mental Health Treatment and Rehabilitation Services	5,461	10,666,666		7.4
Health Related Services	21,344	9,326,075		6.5
Individual and Family Counseling	19,163	8,179,337		5.7
Placement Services for Children	6,330	4,603,047		3.2
Education and Training Services	9,539	4,271,842		3.0
Information and Referral Services	178,751	3,957,553		2.8
Homemaking Services	6,030	3,399,167		2.4
Money Management Services	3,572	3,064,856		2.1
Employment Services	3,334	3,039,373		2.1
Housing Services	2,574	1,837,715		1.3
Adoption Services	720	1,305,720		.9
Protective Services for Adults	3,200	1,033,468		.7
Family Planning Services	1,044	381,992		.3

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	18.6	9.5	10.2	61.7				
EXPENDITURES	38.8	28.2	19.8	13.2				

MINNESOTA

Program Plan Budget: $61,720,224 **Services Catalogue Budget:** $61,720,224

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Service - Children: Regular Day Care	11,671	6,535,218	560	10.6
Counseling for Families and Individuals	43,594	6,204,995	142	10.1
Day Care Service - Adults: Day Activity Center for Mentally Retarded	3,388	6,193,301	1,828	10.0
Protective Service - Children	19,664	5,385,304	274	8.7
Residential Treatment Service: Emotionally Disturbed Children	1,799	4,645,414	2,582	7.5
Homemaking Service	8,035	4,456,348	555	7.2
Information and Referral Service	260,773	3,583,937	14	5.8
Employability Service	7,438	3,242,652	436	5.2
Foster Care Service - Children	9,928	2,745,089	277	4.4
Chore Service	4,598	1,889,778	411	3.1
Day Care Service - Children: Day Activity Center for Mentally Retarded	1,333	1,832,012	1,374	3.0
Residential Treatment Service: Half-Way House - Chemical Dependency and Mentally Ill	1,605	1,757,033	1,095	2.9
Residential Treatment Service: Primary Treatment/Extended Rehabilitation - Chemical Dependency	2,333	1,626,865	697	2.6
Health Service: General and Mental	10,771	1,517,170	141	2.5

	AFDC	SSI	Income Eligible - 60%	Income Eligible - 115%	Universal	
INDIVIDUALS	16.9%	8.2%	15.2%	1.4%	58.3%	
EXPENDITURES	37.5%	21.2%	32.5%	3.0%	5.8%	

MINNESOTA - 2

Program Plan Budget: $61,720,224 **Services Catalogue Budget:** $61,720,224

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population \#	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Health Service: Deinstitutionalization	5,831	1,210,407	208	2.0
Protective Service - Adults: Protection	6,475	1,093,913	169	1.8
Educational Assistance Service	3,552	1,063,281	299	1.7
Money Management Services	5,511	831,660	151	1.3
Transportation Service	8,628	795,316	92	1.3
Residential Treatment Service: Mentally Retarded Children and Adults	1,519	731,026	481	1.2
Residential Treatment Service: Correctional - Children	734	653,762	891	1.1
Social and Recreational Service	3,361	588,668	175	.9
Legal Service	4,192	552,380	132	.9
Housing Service	5,200	547,864	105	.9
Adoption Service	2,198	493,343	224	.8
Family Planning Service	6,113	398,881	65	.7
Protective Service - Adults: Mental Retardation Guardianship	2,184	315,934	145	.5
Foster Care Service - Adults	1,491	269,892	181	.4
Day Care Service - Adults: Regular Day Care	615	226,930	369	.4
Protective Service - Adults: Subacute Detoxification	1,431	185,784	130	.3
Hand Delivered and Congregate Meals Service	1,247	146,067	117	.2

MISSISSIPPI

Program Plan Budget: $15,223,522 Services Catalogue Budget: $15,292,820*

Program/Fiscal Year 7/1/76 - 6/30/77

*This figure is derived. Both population and expenditure data are only available on a county basis in the plan. Totals were constructed from available data for the purpose of this analysis.

Services	Population*	Expenditures*	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care	2,911	7,433,203	2,553	48.6
Counseling for Self-Care	5,985	1,300,287	217	8.5
Foster Care	2,389	1,275,490	534	8.3
Special Service for the Handicapped: Developmental Day Training	1,855	881,480	475	5.8
Diagnostic and Evaluation	644	528,500	821	3.4
Prevention of Parental Neglect	3,158	513,235	163	3.3
Employment Related Service	3,235	490,065	151	3.2
Community Based Care	3,216	487,315	152	3.2
Institutional Placement	2,416	376,665	156	2.5
Homemaker Services	1,888	299,725	159	2.0
Protection Services	1,770	284,890	161	1.9
Comprehensive Social Treatment for Children: Residential	30	268,560	8,952	1.8
Recreational Services: Leisure Time	375	247,950	661	1.6
Transportation	945	150,370	159	1.0
Halfway House Services for Drug Addicts and/or Alcoholics: Residential	24	149,664	6,236	1.0
Family Planning: Social	919	91,800	100	.6
Work Activity Service	30	82,552	2,752	.5
Meals: Home Delivered or Congregate	230	65,680	286	.4

*This figure is derived. Both population and expenditure data are only available on a county basis in the plan. Totals were constructed from available data for purposes of this analysis.

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	48.2%	28.2%	16.2%	7.4%				
EXPENDITURES	45.1%	32.4%	21.8%	.7%				

MISSISSIPPI - 2

Program Plan Budget: $15,223,522 **Services Catalogue Budget:** $15,292,820*

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population*	Expenditures*	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Halfway House Services for Drug Addicts and/or Alcoholics: Non-Residential	24	49,896	2,079	.3
Recreational Services: Campership	51	49,416	969	.3
Special Services to Developmentally Disabled Child: Residential	343	47,075	137	.3
Adoption Service	84	42,000	500	.3
Information and Referral	2,237	41,275	18	.3
Initial Clothing Payment	635	35,100	55	.2
Special Service to Developmentally Disabled Child: Non-Residential	330	33,525	102	.2
Transportation; Commercial Carrier	407	29,850	73	.2
Maternity Home Care	283	28,300	100	.2
Comprehensive Social Treatment for Children: Non-Residential	3	8,952	2,984	.1
Special Service Provided by Foster Homes	Service not being funded at the present time.			
Special Service to the Handicapped: Campership	Service not being funded at the present time.			

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*This figure is derived. Both population and expenditure data are only available on a county basis in the plan. Totals were constructed from available data for purposes of this analysis.

MISSOURI

Program Plan Budget:$75,442,978 **Services Catalogue Budget:**$74,344,938

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care for Children	12,645	11,730,536	928	15.8
Service Plan Development	224,421	9,967,628	44	13.4
Family and Interpersonal Counseling	79,015	9,135,804	116	12.3
Residential Treatment	1,813	5,913,312	3,262	7.9
Home Delivered and Congregate Meals	55,504	3,535,816	64	4.8
Investigation of Abuse, Neglect or Exploitation	11,384	2,492,684	219	3.6
Health Related Counseling	56,092	2,473,140	44	3.3
Transportation Service	38,954	2,119,876	54	2.9
Legal Assistance	53,692	2,024,788	38	2.7
Information and Referral	100,000	2,000,000	20	2.7
Recreational Service	21,004	1,898,192	90	2.6
Improved Living Arrangement Service	69,250	1,781,456	26	2.4
Foster Care Related Service	24,486	1,576,540	64	2.1
Home Management Service	55,380	1,474,560	27	2.0
Group Care	326	1,449,876	4,447	2.0
Alcohol and Drug Abuse Counseling	2,801	1,417,168	506	1.9
Chore Service	51,400	1,360,616	26	1.8
Employment Related Counseling	42,714	1,352,560	32	1.8
Educational Counseling	162,876	1,274,824	8	1.7
Homemaker Service	42,690	1,232,248	29	1.6
Day Treatment	994	1,057,748	1,064	1.4
Developmental Training Service	315	931,872	2,958	1.3

	AFDC	SSI	AFDC/SSI	Income Eligible	Universal			
INDIVIDUALS	34.1%	17.1%	.04%	16.3%	32.5%			
EXPENDITURES	36.9%	16.3%	.02%	26.7%	20.1%			

MISSOURI - 2

Program Plan Budget: $75,442,978 **Services Catalogue Budget:** $74,344,938

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Half-Way House Service	1,302	833,328	640	1.1
Special Foster Care Service	1,488	800,052	538	1.1
Family Planning Counseling	44,501	572,380	13	.8
Family Planning	10,134	546,050	54	.7
Day Care Counseling	44,665	524,464	12	.7
Adoption	24,486	515,584	21	.7
Social Group Skills	8,971	438,176	49	.6
Educational Service	1,198	380,956	318	.5
Emergency Shelter	2,115	347,008	164	.5
Communication Skills Improvement	499	254,088	509	.3
Evaluation and Diagnosis	1,404	241,380	172	.3
Day Care for Adults	183	164,092	897	.2
Pre-Sheltered Workshop Training	111	147,276	1,327	.2
Employment Readiness	4,100	118,944	29	.2
Classification Service	776	96,640	125	.1
Preschool Education	189	93,284	494	.1
Psychiatric and Psychological Testing	396	27,288	69	.04
Mobility Instruction	147	25,696	175	.03
Intensive Group Treatment	546	14,976	27	.02
Occupational Therapy	20	2,032	102	.003

MONTANA*

*THIS IS A 21 MONTH PLAN

Data below reflects information
available in the FY 76 plan, as
amended.

Program Plan Budget: $19,728,336 Services Catalogue Budget: $19,627,685

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Day Care - AFDC	2,208	2,872,991 1/	1,301	14.6
Vocational Services - Developmentally Disabled	1,356	2,449,240	1,806	12.5
Protective Services - Children	2,000	1,943,676	972	9.9
Foster Care - Children	1,900	1,295,787	682	6.6
Homemaker - Chore Services	1,818	1,152,023	634	5.9
Daily Living Training - Developmentally Disabled Persons	3,039	1,123,972	370	5.7
Preschool - Day Training for Developmentally Disabled	1,138	996,680	876	5.1
Protective Services - Adults	1,360	860,020	632	4.4
Respite Care	888	669,784	754	3.4
Information and Referral	25,000	647,892	26	3.3
Health Related - Adults	510	552,987	1,084	2.8
Family Planning	5,000	525,000	105	2.7
Training for Natural Parent	1,050	523,157	498	2.7
Planning and Community Development	2/	462,000	2/	2.4
Therapeutic Recreation and Volunteers for Youth	3,585	413,000	115	2.1
Transportation - Developmentally Disabled Persons	739	407,292	551	2.1
Legal Services	4,200	350,000	83	1.8
Home Delivered and Congregate Meals	9,715	320,834	33	1.6

1/ Includes the cost of day care for persons enrolled in WIN.
2/ Service transferred to administrative cost (per final amendment dated 8/25/76).

	AFDC	SSI	Medicaid	150% AFDC	150% SSI	Income Eligible	Universal	
INDIVIDUALS	28.0%	17.7%	11.7%	12.3%	12.2%	17.2%	.9%	
EXPENDITURES	26.9%	29.3%	1.7%	7.3%	3.9%	28.3%	2.6%	

MONTANA - 2

Program Plan Budget: $19,728,336 **Services Catalogue Budget:** $19,627,685

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Transportation - Senior Citizens	9,715	320,833	33	1.6
Foster Care - Adults	504	307,216	610	1.6
Public Awareness in Care/Needs of Children	2/	303,670	2/	1.6
Social Learning/Treatment	42	210,000	5,000	1.1
Health Related - EPSDT Children	23,588	194,369	8	1.0
Services for Youth in Crisis	3,400	182,000	54	.9
Treatment, Follow Along for Developmentally Disabled	1,680	141,524	84	.7
Adjustment Services	1,050	122,815	117	.6
Community Based Services: Establishment or Upgrading	2/	105,712	2/	.5
Advocacy for Developmentally Disabled Persons	2/	60,000	2/	.3
Community Planning and Coordination	97,020	43,167	.44¢	.2
Community Based Services	1,892	39,536	21	.2
Citizens' Action on Problems of Children and Youth	2/	27,008	2/	.1
Public Education	2/	3,500	2/	.02

2/ Service transferred to administrative cost (per final amendment dated 8/25/76).

NEBRASKA EXPLANATORY NOTES

Nebraska uses monthly population estimates for most of its Title XX services. For the seven (7) services which have yearly estimates of population, an average cost per client is given. The seven (7) services are:

Adoption Services
Alternate Care Services for Adults
Foster Care Services for Children
Protective Services for Adults
Protective Services for Children
Special Services for Cerebral Palsied
Transportation Services for Families

The remaining ten (10) services, which have monthly population totals, will be indicated by asterisks (*).

In addition, percentage estimates of numbers of persons served per category of recipient could not be calculated due to the mixed (yearly/monthly) presentation of the data. Only percentage estimates of expenditures per category were possible since expenditure data is provided on an annual basis.

SEE PREVIOUS PAGE FOR EXPLANATORY NOTES

NEBRASKA

Program Plan Budget: $24,333,333 **Services Catalogue Budget:** $24,333,333

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Services for Children	6,680*	9,060,142	*	37.2
Special Services for the Mentally Retarded	1,200*	7,996,298	*	32.9
Protective Services for Children	1,855	1,747,797	962	7.2
Chore Services	1,587*	1,746,411	*	7.2
Information and Referral	24,097*	1,136,101	*	4.7
Housekeeper Services for Adults	652*	788,587	*	3.2
Home Delivered and Congregate Meals	1,013*	533,192	*	2.2
Foster Care Services for Children	700	269,200	385	1.1
Day Services for Adults	90*	224,934	*	.9
Protective Services for Adults	420	201,397	480	.8
Alternate Care Services for Adults	220	171,762	781	.7
Transportation Services for Families	631	163,308	259	.7
Transportation Services for Adults	511*	133,968	*	.5
Homemaker Services for Families	78*	89,367	*	.4
Special Services for Cerebral Palsied	30	30,000	1,000	.1
Adoption Services	30	23,576	786	.1
Family Planning Services	80*	17,293	*	.07

*Asterisk (*) indicates monthly population figure.

	AFDC	SSI	Low Income Aged and Disabled	Low Income Families	Low Income Child Care Only	Universal
INDIVIDUALS			SEE EXPLANATORY NOTES			
EXPENDITURES	26.9%	32.7%	17.0%	11.7%	3.5%	8.2%

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NEVADA*

***THIS IS A 21 MONTH PLAN**

Plan amendments resulted in changes
in expenditure/client data and these
changes are reflected below.

Program Plan Budget: $15,297,793   Services Catalogue Budget: $15,297,721

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Foster Care for Children	3,200	2,267,900	709	14.8
Institutional Care for Children	148	2,080,144	14,055	13.6
Homemaker	1,851	1,628,854	880	10.7
Protective Services for Children	6,383	1,551,069	243	10.1
Services to Alleviate the Effects of Mental Retardation	2,515	1,494,414	594	9.8
Information and Referral	65,552	792,891	12	5.2
Home and Money Management	14,826	522,201	35	3.4
Day Care	6,438	501,857	78	3.3
Services to Alleviate Children's Behavioral Problems	5,401	476,040	88	3.1
Family Planning	14,925	440,766	30	2.9
Transportation	19,391	432,295	22	2.8
Alleviate the Effects of Handicappping Conditions	1,958	408,197	208	2.7
Improve Family Functioning	10,116	402,096	40	2.6
Health Related Services	24,021	401,900	17	2.6
Recreation	10,092	346,460	34	2.3
Education and Training	13,320	277,268	21	1.8
Services to Alleviate the Effects of Blindness	350	231,000	660	1.5
Adoption Services	536	217,080	405	1.4
Family and Group Care	667	175,140	263	1.2
Employment Services - Non WIN	15,151	174,271	12	1.1

	AFDC	SSI	Medicaid	Income Eligible	Income Eligible 55 years of age or older	Universal	
INDIVIDUALS	35.6%	19.0%	7.7%	21.1%	3.2%	13.4%	
EXPENDITURES	32.9%	19.0%	12.9%	21.8%	5.2%	8.2%	

NEVADA - 2

Program Plan Budget: $15,297,793 Services Catalogue Budget: $15,297,721

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Counseling and Treatment of Alcohol and Drug Abusers	575	155,387	270	1.0
Home Delivered Meals	322	142,900	444	.9
Housing Services	12,429	107,513	9	.7
Companionship and Chore Services	2,443	45,605	19	.3
Protective Services for Adults	545	14,167	26	.09
Death and Dying Counseling	402	10,306	26	.07
Employment Services - WIN	NOT FUNDED BY TITLE XX.			

NEW HAMPSHIRE

Program Plan Budget: $12,605,948 **Services Catalogue Budget: $12,605,948**

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Group Day Care	2,794	2,640,298	945	20.9
Rehabilitation Service	587	1,727,285	2,943	13.7
Placement Service	6,755	972,788	144	7.7
Individual Behavior and Development	3,933	919,500	234	7.3
Homemaker Service	2,900	887,928	306	7.0
General Family Planning	8,709	636,924	73	5.1
Protection Service	2,549	621,184	244	4.9
Family Day Care	588	417,998	711	3.3
Nutrition Service	2,436	416,054	171	3.3
Information and Referral	40,000	334,683	8	2.6
Employment and Training Guidance	1,089	325,951	299	2.6
Home and Family Management	2,491	312,541	125	2.5
In-Home Day Care	775	310,000	400	2.5
Resocialization Service	350	286,508	819	2.3
Health Guidance	5,593	279,661	50	2.2
Child-Parent Service	2,405	278,074	116	2.2
Transportation Service	8,000	235,074	29	1.9
Housing Service	1,248	151,563	121	1.2
Adoption Service	437	147,810	338	1.2
Residential Camping	830	143,048	172	1.1
Employment and Training Supplies Provision	502	123,554	246	1.0
Legal Service	419	104,943	250	.8
Chore Services	619	86,794	140	.7
Day Camping	273	62,721	230	.5
Subsitute Care and Supervision	280	49,998	179	.4
Institutional Care	138	49,640	360	.4

	AFDC (WIN/Non-WIN)	AFDC (Medicaid)	SSI (Adult)	Medicaid (Adult)	Income Eligible	Universal	
INDIVIDUALS	16.5%	1.5%	11.2%	7.2%	20.3%	43.3%	
EXPENDITURES	27.6%	2.6%	13.6%	7.2%	43.3%	5.7%	

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NEW HAMPSHIRE - 2

Program Plan Budget: $12,605,948 Services Catalogue Budget: $12,605,948

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Group Home Care	98	489,978	500	.4
Foster Family Care	106	34,451	325	.3

NEW JERSEY

Program Plan Budget: $115,019,825 **Services Catalogue Budget:** $115,600,435

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Services for Children	61,609	39,335,662	638	34.0
Casework Management	63,240	12,934,100	205	11.2
Placement Services	49,786	11,463,691	230	9.9
Homemaker - Home Health Services	64,967	9,918,443	153	8.6
Protective Services for Children	10,004	5,254,774	525	4.5
Community Mental Heatlh Services	700	4,000,000	5,714	3.5
Health Related Services	18,253	3,767,353	206	3.3
Family Planning Services	30,813	3,277,782	106	2.8
Education and Training Services	34,820	2,746,820	79	2.4
Adult Activities for the Developmentally Disabled	530	2,680,000	5,057	2.3
Legal Services	21,118	2,545,854	121	2.2
Counseling	15,360	2,514,742	164	2.2
Youth Services	3,285	2,214,446	674	1.9
I and A Monitoring and Evaluation Assessment		2,207,394		1.9
Housing Related Services	9,610	1,942,632	202	1.7
Transportation Services	RIDES 294,677	1,913,096		1.7
Information and Referral	10,573	1,487,620	141	1.3
Day Care Services for Adults	2,235	1,107,238	495	1.0
Chore Services	5,190	787,068	152	.7
Services for Alcohol Abusers	3,580	626,667	175	.5
Home Delivered Food and Meals	927	390,195	421	.3
Recreational Services for the Aged	6,290	382,177	61	.3
Protective Services for Adults	4,700	376,098	80	.3

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	56.7%	15.8%	21.6%	5.9%				
EXPENDITURES	47.4%	14.4%	31.9%	6.3%				

NEW JERSEY - 2

Program Plan Budget: $115,019,825 **Services Catalogue Budget:** $115,600,435

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Social Services in Corrections	265	373,332	1,409	.3
Companionship Services for the	-	-	-	-
Aged and Developmentally Disabled	9,275	366,808	40	.3
Employment-Related Services	1,830	352,427	193	.3
Parole Supervision	1,361	327,349	241	.3
Work Activities for the	-	-	-	-
Developmentally Disabled	100	306,667	3,067	.3

NEW MEXICO

Program Plan Budget: $17,298,160 **Services Catalogue Budget;** $17,577,849*

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures*	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Services for Children	3,532	3,433,359	972	19.5
Services for the Developmentally Disabled	517	2,235,553	4,324	12.7
Substitute Care Services	2,649	1,881,935	710	10.7
Homemaker Services	2,809	1,872,468	667	10.7
Protective Services for Children	1,742	1,858,172	1,067	10.6
Youth Services	2,092	1,032,016	493	5.9
Substance Addiction Services	637	936,267	1,470	5.3
Health Support Services	19,321	841,265	44	4.8
Counseling for Improved Family and Individual Functioning	3,779	642,133	170	3.7
Family Planning Services	8,577	610,759	71	3.5
Substance Abuse Services	6,052	403,467	67	2.3
Day Care Services for Adults	602	385,087	640	2.2
Adoption	1,904	380,789	200	2.2
Information and Referral	34,807	305,397	9	1.7
Problem Pregnancy Services	347	185,132	534	1.0
Legal Services and Advocacy	651	173,699	267	1.0
Chore Services	2,337	155,855	67	.9
Protective Services for Adults	550	146,697	267	.8
Early and Periodic Screening, Diagnosis and Treatment Support Services (EPSDT)	978	97,799	100	.5

*Plan expenditure data given for Federal share only. All expenditure figures were calculated using the given Federal share and a 75/25 state match except for Family Planning with a 90/10 match.

	AFDC	SSI	Income Eligible					
INDIVIDUALS	28.2%	24.3%	47.5%					
EXPENDITURES	33.0%	24.0%	43.0%					

NEW YORK

Program Plan Budget: $285,600,000 Services Catalogue Budget: $288,770,272

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Services for Children	68,108	129,720,524	1,905	44.9
Foster Care Services for Children	63,666	45,385,854	713	15.7
Protective Services for Children	92,535	33,429,098	361	11.6
Social Group Services for Senior Citizens	160,331	22,876,978	143	7.9
Information and Referral Services	346,374	9,092,365	26	3.2
Preventive Services	43,739	9,089,451	208	3.1
Homemaker Services	11,873	6,161,632	519	2.1
Adoption Services	9,975	5,700,194	571	2.0
Health Related Services	64,253	3,344,052	52	1.2
Home Management Services	38,890	3,209,169	83	1.1
Protective Services for Adults	20,788	3,159,124	152	1.1
Housing Improvement Services	28,803	3,104,618	108	1.1
Adult Welfare Education Services	8,825	2,967,613	336	1.0
Social Adjustment Services	82,213	2,350,162	29	.8
Housekeeper/Chore Services	9,675	2,239,728	232	.8
Family Planning Services	59,336	2,033,720	34	.7
Employment Services	12,265	1,729,638	141	.6
Unmarried Parent Services	5,357	1,165,458	218	.4
Foster Care Services for Adults	5,174	785,745	152	.3
Transportation Services	143,829	713,018	5	.2
Educational Services	6,733	512,131	76	.2

	AFDC	SSI Aged	SSI Blind	SSI Disabled	Home Relief	Medicaid	Income Eligible	Universal
INDIVIDUALS	33.1%	19.6%	.1%	3.2%	3.2%	1.7%	3.3%	35.8%
EXPENDITURES	63.5%	9.9%	.1%	1.5%	1.8%	1.4%	6.0%	15.8%

NORTH CAROLINA

Program Plan Budget: $82,362,493 **Services Catalogue Budget:** $82,360,277

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Services for Children	12,000	16,741,510	1,395	20.3
Foster Care Services for Children	13,000	8,088,755	622	9.8
Chore Services	3,000	5,433,531	1,811	6.6
Services to Meet the Special Needs of the Mentally Retarded	8,500	4,737,544	557	5.8
Health Support Services	126,000	4,423,425	35	5.4
Protective Services for Children	20,000	3,765,109	188	4.6
Family Planning Services	20,000	3,610,187	181	4.4
Services to Meet the Special needs Emotionally Disturbed	2,500	2,913,589	1,165	3.5
Transportation Services	21,500	2,667,879	124	3.2
Homemaker Services	20,000	2,593,785	130	3.1
Day Care Services for Adults	1,000	2,093,261	2,093	2.5
Casework Services to Enable Individuals to Remain in or Return to Their Own Homes	15,000	1,752,354	117	2.1
Foster Care Services for Adults	13,000	1,506,436	116	1.8
Legal Services	7,500	1,497,360	200	1.8
Adoption Services	12,000	1,480,026	123	1.8
Delinquency Prevention	6,000	1,389,038	232	1.7
Home Management and Maintenance Services	36,000	1,315,082	37	1.6
Personal and Family Counseling	750	1,290,401	1,721	1.6
Services to Meet the Special Needs of the Blind*	7,000	1,168,353	167	1.4
Housing and Home Improvement Services	10,500	1,167,583	111	1.4

*Asterisk (*) indicates a "service to the Blind".

	AFDC	SSI	Income Eligible					
INDIVIDUALS	NO BREAKOUT OF NUMBERS BY CATEGORY							
EXPENDITURES	27.4%	17.5%	55.1%					

NORTH CAROLINA - 2

Program Plan Budget: $82,362,493   **Services Catalogue Budget:** $82,360,277

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Social Development Through Therapeutic Group Services	3,000	1,166,304	389	1.4
Employment and Training Support Services	12,000	1,128,801	94	1.4
Educational Support Services	9,000	1,099,935	122	1.3
Chore Services*	1,250	1,074,033	859	1.3
Protective Services for Adults	10,800	1,058,052	98	1.3
Services to Meet the Special Needs of the Aging, Disabled and Handicapped	6,000	985,044	164	1.2
Services to Meet the Special Needs of Drug Addicts 1/	2,000	889,972		1.1
Services to Meet the Special Needs of Alcoholics 1/		814,956		1.0
Preparation and Delivery of Meals	1,500	812,107	541	1.0
Information and Referral	300,000	805,972	3	1.0
Services to Meet the Special Needs of Children	8,000	714,650	89	.9
Problem Pregnancies	2,000	582,914	291	.7
Interstate/Intercountry Services to Children	10,500	579,806	55	.7
Day Care Services for Children*	150	275,837	1,839	.3
Employment and Training Support Services*	850	142,271	167	.2
Information and Referral*	8,000	127,878	16	.2
Health Support Services*	3,500	85,896	25	.1
Day Care Services for Adults*	85	83,703	985	.1
Transportation Services*	2,200	75,305	34	.09
Educational Support Services*	600	64,818	108	.08
Housing and Home Improvement Services*	500	56,082	112	.07
Home Management and Maintenance Services*	900	53,089	59	.06
Social Development Through Group Services*	900	39,644	44	.05

*Asterisk (*) indicates a "service to the Blind"

1/ A combined total (2,000 persons) is given for the two services.

NORTH DAKOTA*

*THIS IS A 21 MONTH PLAN

Therefore, the data below only
reflects information available
in the FY 76 final CASP plan.

Program Plan Budget: $17,500,000　　Services Catalogue Budget: $12,649,225

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Counseling - Therapy Service	7,475	4,316,615	577	34.1
Evaluation Service	2,292	1,589,315	693	12.6
Health Related	1,871	1,314,392	703	10.4
Homemaker Service	2,003	1,154,270	576	9.1
Foster Care	1,864	1,132,534	608	9.0
Information and Referral	40,228	901,154	22	7.1
Consulting	322	362,532	1,126	2.9
Day Care Services for Children	515	267,172	519	2.1
Homemaker/Home Health Aide	361	262,753	728	2.1
Educational Service	356	235,787	662	1.9
Advocacy	189	191,807	1,015	1.5
Transportation Service	440	186,737	424	1.5
Family Planning	196	148,507	758	1.2
Emergency Service	185	125,569	679	1.0
Placement/Relocation Service	123	121,246	986	1.0
Day Care Services for Adults	97	92,138	950	.7
Housing Improvement/Assistance Service	98	57,059	582	.5
Recreational Service	119	55,824	469	.4
Companionship	605	37,512	62	.3
Telephone Reassurance	54	30,224	560	.2
Nutrition Services	54	29,460	546	.2
Legal Services	17	16,561	973	.1
Interpreter Services	188	9,915	53	.08
Respite Care	15	6,548	437	.05
Chore	12	3,614	301	.03

	No breakout of services expenditures and numbers served by categories.							
INDIVIDUALS								
EXPENDITURES								

OHIO

Program Plan Budget: $169,397,133 **Services Catalogue Budget: $167,866,659**

Program/Fiscal Year 7/1/76 - 6/30/77

Services	**Population**	**Expenditures**	**Average Cost Per Client**	**Per Cent of Total**
	#	$	$	%
Counseling	195,452	22,006,284	113	13.1
Day Care for Children: Employment and Training Related (Non-WIN)	39,552	17,662,268	447	10.5
Residential Treatment	11,157	15,831,651	1,419	9.4
Foster Care for Children	27,805	12,615,499	454	7.5
Employment and Training (Non-WIN)	55,480	11,958,991	216	7.1
Homemaker/Home Health Aide	35,642	10,720,602	301	6.4
Protective Services for Children	78,236	9,944,136	127	5.9
Day Care for Adults	16,821	7,199,311	428	4.3
Transportation	135,150	6,604,255	49	3.9
Mental Health and Mental Retardation Related Services	101,634	6,598,764	65	3.9
Developmental Services for Children and Youth	29,261	4,844,965	166	2.9
Day Care for Children: Special Needs	3,853	4,771,229	1,238	2.8
Emergency Shelter	12,377	4,007,909	324	2.4
Health-Related Services	125,369	3,634,604	29	2.2
Information and Referral	379,746	3,042,912	8	1.8
Protective Care for Adults	38,776	3,036,291	78	1.8
Developmental (Socialization) Services for Adults	20,078	2,930,296	146	1.7
Family Planning	41,836	2,017,350	48	1.2
Adoption	4,654	2,007,737	431	1.2
Home Management	30,221	1,870,539	62	1.1
Legal	21,498	1,757,909	82	1.1

	AFDC	SSI	Medicaid	Income Eligible	Services for a fee	Universal		
INDIVIDUALS	33.5%	23.9%	6.8%	25.2%	1.6%	9.0%		
EXPENDITURES	39.8%	22.2%	6.0%	27.1%	2.1%	2.8%		

OHIO - 2

Program Plan Budget: $169,397,133　　**Services Catalogue Budget:** $167,866,659

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Chore	14,697	1,592,248	108	1.0
Housing	37,792	1,587,350	42	1.0
Day Care for Children: Protective Child Care	3,193	1,449,355	454	.9
Home Delivered and Congregate Meals	13,396	1,425,502	106	.9
Family Life Education	13,661	1,342,686	98	.8
Campership	15,460	1,319,273	85	.8
Other Educational Services	17,429	1,208,461	69	.7
Foster Care for Adults	11,895	894,712	75	.5
Consumer Education	26,344	493,322	19	.3
Guardianship	2,405	421,267	175	.3
Protective Payee	3,260	373,596	115	.2
Nutritional	8,998	363,196	40	.2
Special Services for the Blind	1,597	332,189	208	.2
Day Care for Children: Employment and Training Related (WIN)	WILL BE CHARGED TO TITLE XX ONLY WHEN WIN FUNDS ARE EXHAUSTED.			
Employment and Training (WIN)				

OKLAHOMA*

*THIS IS A 21 MONTH PLAN

Therefore, the data below only
reflects information available
in the FY 76 final CASP plan.

Program Plan Budget: $74,060,000 Services Catalogue Budget: $74,060,000

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Protective Services - Preventive /Remedial Family Services	294,609	15,935,899	54	21.5
Day Care Services	42,404	14,719,688	347	19.9
Health Related Services	300,418	11,301,985	38	15.3
Education Related Services	157,959	10,382,269	66	14.0
Improve Individual/Family Life Functioning	88,367	4,445,233	50	6.0
Protective Services - Community Youth Services	118,472	3,930,305	33	5.3
Emergency Shelter for Children	20,809	2,557,948	123	3.4
Congregate Meals	3,023	2,333,334	772	3.2
Licensing, Upgrading	33,773	1,588,643	47	2.2
Employment Related	26,892	1,423,722	53	1.9
Home Maintenance	8,715	1,369,769	157	1.8
Information & Referral	18,266	1,118,969	61	1.5
Adoption Services	3,936	710,638	181	1.0
Resource Development, Community Planning	31,893	637,864	20	.9
Protective Services - Child Abuse/Neglect	6,110	622,218	102	.8
Emergency Services to Adults	6,615	392,525	59	.5
Inter/Intra State Services	12,279	306,955	25	.4
Housing Services	3,923	210,951	54	.3
Secure Money Entitlements and Other Benefits	1,249	59,008	47	.08
Locate/Utilize Substitute Payee, Guardian, Conservator	991	12,077	12	.02

	AFDC	SSI	Medicaid	Income Eligible				
INDIVIDUALS	64.7%	10.9%	12.9%	11.5%				
EXPENDITURES	64.7%	10.9%	12.9%	11.5%				

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OREGON*

*THIS IS A 21 MONTH PLAN

Therefore, the data below only
reflects information available
in the FY 76 final CASP plan.

Program Plan Budget: $62,333,957 1/ Services Catalogue Budget: $62,333,957 1/

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Monthly Population 2/	Expenditures 2/	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Substitute Care & Treatment Services for Children	5,603	23,670,751	Monthly population estimates precluded averaging cost per client data.	38.0
Family Self Support	5,443	12,909,883		20.7
Preventive and Restorative Services	50,826	7,683,264		12.3
Housekeeping (Chore)	911	4,180,521		6.7
Protective Services for Children	11,802	3,601,366		5.8
Counseling on Availability and Use of Services	5,440	3,208,586		5.1
Homemaker	300	2,030,612		3.3
Juvenile Community Service	486	1,870,827		3.0
Sheltered Workshops	300	1,300,000		2.1
Foster & Group Care Facilities	3,800	1,048,727		1.7
Activity Centers	269	627,952		1.0
Home-Delivered Meals	210	109,924		.2
Family Planning	36,742	91,544		.1

1/ Budget reflects a comprehensive social services plan.
2/ Includes non-Title XX recipients and expenditures (other Federal & State funds).

	NO BREAKOUT OF SERVICES EXPENDITURES AND NUMBERS SERVED BY CATEGORIES.							
INDIVIDUALS								
EXPENDITURES								

PENNSYLVANIA

Program Plan Budget:$206,691,000 **Services Catalogue Budget:$206,691,065**

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Day Care Service for Children	22,793	66,659,375	2,925	32.2
Service Planning/Care Management Service	531,154	19,643,542	37	9.5
Counseling Service	150,853	14,708,073	98	7.1
Protective Service for Children	37,905	14,195,732	375	6.9
Employment Service	91,582	12,273,653	134	5.9
Legal Service	82,000	10,915,365	133	5.3
Information and Referral Service	1,262,797	9,423,636	7	4.6
Homemaker Service	37,538	8,887,504	237	4.3
Center Service for the Elderly	65,000	8,058,067	124	3.9
General Government	-	5,562,666	-	2.7
Protective Service for Adults	27,191	4,486,559	165	2.2
Materials Aid Services	37,339	4,357,320	117	2.1
Transportation Services	160,587	4,158,806	26	2.0
Foster Care Service for Children	6,893	3,624,477	526	1.8
Life Skills Education Service	34,909	3,458,527	99	1.7
Socialization/Recreation Service	24,024	3,070,806	128	1.5
Family Planning Service	37,778	2,555,555	68	1.2
Housing Service	62,301	2,343,947	38	1.1
Day Care Service for Adults	6,478	2,291,550	354	1.1
Planning, Evaluation and Research	-	1,853,748	-	.9
Home Delivered Meals Service	6,702	1,447,683	216	.7
Foster Care Service for Adults	5,855	1,225,595	209	.6
Chore Service	27,595	1,088,158	39	.5
Camping Service	3,460	240,415	69	.1
Personal Care Assessment Service	745	11,702	150	.05
Adoption Service	75	48,666	649	.02

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	18.4%	17.1%	15.8%	48.7%				
EXPENDITURES	34.6%	19.8%	31.5%	14.1%				

RHODE ISLAND

Program Plan Budget: $16,394,312　　　　Services Catalogue Budget: $16,394,312

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Health Services	31,744	1,930,592	61	11.8
Day Care Services for Children	6,388	1,819,904	285	11.1
Homemaker Services	4,621	1,548,102	335	9.4
Family Management and Adjustment Service	16,243	1,475,400	91	9.0
Foster Care Service for Children	2,349	1,133,930	483	6.9
Information and Referral	38,822	992,373	26	6.1
Vocational Services for the Retarded	805	867,556	1,078	5.3
Housing Services	15,928	859,237	54	5.2
Evaluation and Assessment Service	19,330	805,420	42	4.9
Group Care Services for Children	388	763,333	1,967	4.7
Protection Services	3,830	487,946	127	3.0
Specialized Counseling Services for the Retarded	4,682	450,897	96	2.7
Self-Care Services for the Retarded	809	433,777	536	2.6
Specialized Counseling - Adult Probation and Parole	3,721	380,000	102	2.3
Educational Services	6,406	351,731	55	2.1
Specialized Counseling - Juvenile Probation and Parole	1,610	242,667	151	1.5
Licensing	1,000	231,773	232	1.4
Employment Services	4,154	227,832	55	1.4
Emergency Shelter for Children	519	222,646	429	1.4
Specialized Counseling - Emotionally Disturbed Children	988	221,333	224	1.4

	AFDC	SSI	Income Eligible					
INDIVIDUALS	67.0%	19.3%	13.7%					
EXPENDITURES	57.5%	25.3%	17.2%					

RHODE ISLAND - 2

Program Plan Budget: $16,394,312 **Services Catalogue Budget:** $16,396,312

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Legal Supervision	2,125	202,282	95	1.2
Adoption	100	132,260	1,323	.8
Specialized Counseling - Juvenile Diagnostic Center	176	110,000	625	.7
Supportive Services for the Blind	728	109,333	150	.7
Family Planning Services	3,273	109,009	33	.7
Specialized Counseling - Juvenile Parole Unit	165	66,667	404	.4
Specialized Counseling - Youth Services Bureau	330	66,667	202	.4
Residential Services for Ex-Felons	50	65,575	1,312	.4
Emergency Shelter for Families	148	38,250	258	.2
Maternity Home Service	50	23,500	470	.1
Specialized Counseling - Blind	318	12,322	39	.08
Homefinding	100	12,000	120	.07

SOUTH CAROLINA

Program Plan Budget: $43,544,277 **Services Catalogue Budget:** $43,544,277

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Child Development Services	4,884	9,449,841	1,935	21.7
Overhead		5,090,007		11.7
Special Services for the Developmentally Disabled	2,831	4,973,777	1,757	11.4
Case Management Services	53,528	4,720,995	88	10.8
Special Services for Mental Health	7,916	2,400,936	303	5.5
Special Services for Alcohol and Drug Abusers	8,033	2,001,312	249	4.6
Protective Services for Children	13,125	1,884,079	144	4.3
Homemaker Services	7,958	1,399,412	176	3.2
Fringe Benefits		1,216,787		2.8
Family Planning Services	25,561	1,070,281	42	2.5
Life Skills Education Services	14,360	914,207	64	2.1
Transportation	54,174	905,040	17	2.1
Health Support Services	3,565	782,374	219	1.8
Substitute Care for Children	3,198	762,603	238	1.8
Vocational Rehabilitation Services	2,836	744,345	262	1.7
Adoption Services	1,123	523,590	466	1.2
Governor's Office (Planning and Evaluaiton Activities)		415,086		1.0
Protective Services for Adults	1,334	403,730	303	.9
Chore Services	2,640	384,491	146	.9
Developmental Services for the Physically Handicapped	1,566	382,725	244	.9
Day Care Services for Adults	1,211	378,444	313	.9

	AFDC	SSI	Income Eligible					
INDIVIDUALS	28.0%	25.7%	46.3%					
EXPENDITURES	29.9%	19.1%	51.0%					

SOUTH CAROLINA - 2

Program Plan Budget: $43,544,277 **Services Catalogue Budget:**$43,544,277

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Regional Planning		358,333		.8
Probation, Parole and Pardon Services	1,041	349,525	336	.8
Legal Services	2,804	333,505	119	.8
Recreational Services	5,699	271,335	48	.6
Alternate Care for Adults	407	269,154	661	.6
Home Delivered and Congregate Meals	598	232,708	389	.5
Education and Training	1,127	232,150	206	.5
Employment Services	636	192,221	302	.4
Home Evaluaiton and Supervision Services	1,120	179,434	160	.4
Special Services for the Blind	500	123,973	248	.3
Special Services for the Unmarried Mother	100	108,002	1,080	.3
Companionship Services	199	71,029	357	.2
Housing Assistance Services	235	18,846	80	.04
Information and Referral		ADMINISTRATIVE	COSTS	

SOUTH DAKOTA EXPLANATORY NOTES

South Dakota developed a comprehensive social services plan which includes non-Title XX expenditures and recipients. The service catalogue budget figure is a derived one. It was constructed by adding up only Title XX Federal and State expenditures. The program plan budget reflects the state's comprehensive social services budget, including other Federal and State monies.

The six (6) services which include non-Title XX recipients and funds are:

	Total Expenditures (includes non-Title XX monies)
Adult Probation and Parole	$595,355
Alternative Care Treatment	$3,242,365
Day Care Services	$1,720,216
Family Planning	$47,056
WIN/Employment Related Services	$442,211
Youth Services Program	$1,130,584

The expenditure chart attached will not reflect the comprehensive expenditures. Rather it only reflects Title XX expenditures.

SEE PREVIOUS PAGE FOR EXPLANATORY NOTES

SOUTH DAKOTA

Program Plan Budget: $14,820,126 **Services Catalogue Budget:** $11,359,811

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	TITLE XX Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Alternative Care Treatment	1,373* (Families)	1,376,193	*	12.1
Day Care Services	2,281*	1,327,019	*	11.7
Mental Health Evaluation and Treatment	5,370	1,192,931	222	10.5
Placement Services for Children	2,183	982,525	450	8.7
Homemaker/Chore Service/Home Health Aide	1,104	915,760	829	8.1
Child Protection	2,300	842,295	366	7.4
Prevocational Training	328	829,469	2,529	7.3
Community Living Training	400	791,230	1,978	7.0
Community Placement Services	1,405	477,691	340	4.2
Youth Services Program	390*	369,529	*	3.2
Basic Services to Families and Children	2,400	360,984	150	3.2
Transitional Residential Treatment	100	304,319	3,043	2.7
Adult Protective Services	890	250,969	282	2.2
Adult Probation and Parole	755*	246,352	*	2.2
WIN/Employment Related Services	4,148*	183,177	*	1.6
Special Services for the Handicapped	263	136,335	518	1.2
Information and Referral	Available to all	116,858		1.0
Transitional Residences for Alcoholism Treatment	240	116,858	487	1.0
Individual and Family Therapuetic Counseling	700	97,383	139	.9

*Asterisk (*) represents a comprehensive population figure. Average cost per Title XX client would not be obtained for this service.

	TITLE XX AND NON-TITLE XX RECIPIENTS AND EXPENDITURES PER CATEGORY COULD							
INDIVIDUALS	NOT BE SEPARATED.							
EXPENDITURES								

SOUTH DAKOTA - 2

Program Plan Budget: $14,820,126 **Services Catalogue Budget:** $11,359,811

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Transportation	2,000	97,382	49	.9
Services to Adoptive Families	130	95,839	737	.8
Special Developmental Disabilities Evaluation Service	100	80,828	808	.7
Volunteer Services	2,880	73,036	25	.6
Residential Treatment for Emotionally Disturbed Children	8	71,089	8,886	.6
Family Planning	2,680*	23,760	*	.2

* Asterisk (*) represents a comprehensive population figure. Average cost per Title XX client could not be obtained for this service.

TENNESSEE

Program Plan Budget: $56,253,038 Services Catalogue Budget:$56,253,038

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Services	19,290	19,872,019	1,030	35.3
Family and Individual Counseling	56,557	6,734,853	119	12.0
Family Planning Services	64,953	4,672,166	72	8.3
Protective Services for Children	31,466	4,255,937	135	7.6
Health Related Services	33,622	3,948,352	74	7.0
Homemaker, Caretaker and Aide Services	12,568	2,465,184	196	4.4
Information and Referral Services	250,836	2,437,225	10	4.3
Child Health and Development Services	4,289	2,318,629	541	4.1
Residential Treatment	379	2,164,288	5,711	3.9
Foster Care Services	6,892	1,537,122	223	2.7
Home Delivered or Congregate Meals	2,667	955,470	358	1.7
Chore Services	3,315	882,362	266	1.6
Transportation Services	19,188	887,537	46	1.6
Housing Improvement	8,966	752,088	84	1.3
Protective Services for Adults	3,309	572,807	173	1.0
Companionship Services	2,238	502,638	225	.9
Legal Services	9,177	474,386	52	.8
Interstate-Intercountry Services	3,552	345,822	97	.6
Services for Unmarried Parents	2,218	286,540	129	.5
Adoption Services	1,992	197,613	99	.4

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	21.7%	7.8%	18.3%	52.2%				
EXPENDITURES	37.4%	17.6%	30.5%	14.5%				

TEXAS

Program Plan Budget: $187,545,708 Services Catalogue Budget: $187,545,711

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Family Care Services	40,246	43,259,753	1,075	23.1
Day Care for Children	41,540	33,596,024	809	17.9
Protective Services for Children	138,000	30,995,506	225	16.5
General Administrative Overhead		14,501,849		7.7
Family Planning	220,989	14,346,805	65	7.6
Protection Services for Adults	96,799	8,410,325	87	4.5
Vocational Rehabilitation Service	18,000	5,510,692	306	2.9
Emergency Family Services	99,656	5,356,297	54	2.9
Community Services	10,289	4,644,757	451	2.5
Foster Care Services for Children	8,900	4,510,310	507	2.4
Day Activity and Training Services	1,473	2,743,519	1,863	1.4
Vocational Training Services	23,360	2,591,539	111	1.4
Social Rehabilitation Services	25,000	2,581,158	103	1.4
Chore Services	6,301	1,717,477	273	.9
Sheltered Employment	987	1,660,165	1,682	.9
Adoption Services	950	1,581,324	1,665	.8
Health-Related Services	2,911	1,418,422	487	.8
Transitional Services for Juvenile Age Children	1,374	1,310,062	953	.7
Services for Unmarried and/or School Age Parents	1,900	1,068,633	562	.6
Home Delivered and Congregate Meals	3,806	1,037,862	273	.6
Rehabilitation Support Services	9,848	766,465	78	.4
Day Activity Services	784	715,615	913	.4
Diagnostic and Evaluation Services	8,148	676,855	83	.4
Homemaker Services	728	477,003	655	.2
Transitional Services for Delinquent, Dependent and Neglected Children	196	456,280	2,328	.2

	AFDC	SSI	Medicaid (Income Eligible)	Income Eligible	Universal			
INDIVIDUALS	22.9%	7.4%	2.3%	34.2%	33.2%			
EXPENDITURES	16.4%	24.5%	1.6%	28.8%	28.7%			

TEXAS - 2

Program Plan Budget: $187,545,708 **Services Catalogue Budget:** $187,545,711

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Halfway House Service	111	341,711	3,078	.2
Twenty-Four Hour Care	150	325,006	2,167	.2
Community Treatment Services	629	233,758	372	.1
Special Services Provided by Foster Family Homes	280	190,982	682	.1
Emergency Homemaker Services	489	121,087	248	.07
Emergency Shelter Services	508	120,704	238	.06
Outreach Services	167	116,146	695	.06
Socialization Service	238	89,791	377	.05
Alternate Living Plans	24	42,549	1,773	.02
Crisis Services	101	29,280	290	.02

UTAH

Program Plan Budget: $18,500,100 Services Catalogue Budget: $18,500,100

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care Service	5,679	3,424,735		18.5
— Children	5,342	3,221,507	603	
— Adults	337	203,228	603	
Substitute Care	2,237	3,218,046	1439	17.4
Counseling Services	17,656	3,132,641	177	16.9
Protective Services	10,555	2,359,075	224	12.7
Developmentally Disabled Services	1,445	1,386,711	960	7.5
Home Management Services	1,435	1,206,509	841	6.5
Information, Referral & Follow-Up Services	158,479	930,999	6	5.0
Health Service Guidance and Mediation	5,427	652,941	120	3.5
Employment Guidance & Training	1,412	616,150	436	3.3
Family Planning Service	2,190	419,160	191	2.3
Socialization and Reassurance Services	34,061	400,637	12	2.2
Transportation	3,271	282,602	86	1.5
Legal Services	1,360	177,594	131	1.0
Education and Training Services	725	176,484	243	1.0
Housing Service and Landlord/ Tenant Mediation	210	64,575	308	.4
Adoptive Services	92	51,241	557	.3

	AFDC	SSI	Medicaid	Income Eligible	Universal			
INDIVIDUALS	11.4%	3.8%	2.6%	13.5%	68.7%			
EXPENDITURES	37.2%	11.7%	10.4%	22.9%	17.8%			

VERMONT

Program Plan Budget: $7,919,319 Services Catalogue Budget: $7,919,319

Program/Fiscal Year 10/1/76 - 9/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Day Care	1,646	2,266,707	1,377	28.6
Residential Treatment for Children	137	1,072,451	7,828	13.5
Protective Services for Children	2,568	970,760	378	12.2
Foster Care for Children	1,500	551,138	367	7.0
Preventive Services for Adults	2,344	529,962	226	6.7
Residential Treatment for Adults	725	473,790	654	6.0
Protective Services for Adults	1,576	303,856	193	3.8
Adult Placement Service	1,250	296,762	236	3.7
Employment Service	1,206	281,607	234	3.6
Family Planning	5,776	202,876	35	2.6
Legal Service	3,097	180,500	58	2.3
Transportation	3,748	144,552	39	1.8
Day/Work Activity	105	123,100	1,172	1.6
Emergency Shelter	300	112,939	376	1.4
Adoption Service	250	102,730	411	1.3
Daily Living Skills	1,136	99,601	88	1.3
Specialized Foster Care Service	75	59,764	797	.8
Information and Referral	6,000	50,000	8	.6
Housing Assistance	3,143	49,603	16	.6
Health Related Service	870	48,641	56	.6

	APDC	SSI	Income Eligible	Universal				
INDIVIDUALS	32.4%	18.9%	20.3%	28.4%				
EXPENDITURES	32.0%	15.5%	30.4%	22.1%				

VIRGINIA

Program Plan Budget: $78,734,459 **Services Catalogue Budget:** $78,734,479

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population \#	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Day Care to Children	16,179	12,959,083	801	16.5
Companion	5,867	7,550,781	1,287	9.6
Foster Care to Children	15,421	7,043,410	457	9.0
Counseling	66,524	6,071,596	91	7.7
Family Planning	25,256	3,889,498	154	4.9
Employment Services	20,855	3,671,701	176	4.7
Administrative Cost/State Department of Welfare		3,623,493		4.6
Protective Service for Children	27,027	3,417,202	126	4.3
Transportation	54,728	2,622,578	48	3.3
Information and Referral	80,598	2,057,248	26	2.6
Early and Periodic Screening, Diagnosis and Treatment EPDST	50,010	1,922,376	38	2.4
Health Related Services	39,207	1,850,938	47	2.4
Emergency Shelter for Children	3,476	1,693,908	487	2.2
Emergency Needs	13,609	1,417,626	104	1.8
Mental Health Counseling and Treatment	9,576	1,259,323	132	1.6
Day Care to Adults-Developmental	791	1,257,051	1,589	1.6
Adoption	5,481	1,243,200	227	1.6
Home Management	19,295	1,166,090	60	1.5
Alcoholism Counseling and Treatment	1,671	1,073,757	643	1.4
Chore Services	1,106	1,040,410	941	1.3
Sheltered Workshops/Employment	1,233	1,035,949	840	1.3

	AFDC	SSI	Income Eligible	Universal				
INDIVIDUALS	NO BREAKOUT OF NUMBERS SERVED BY CATEGORIES.							
EXPENDITURES	32.9%	19.2%	26.2%	21.7%				

VIRGINIA - 2

Program Plan Budget: $78,734,459 **Services Catalogue Budget:** $78,734,479

Program/Fiscal Year 7/1/76 - 6/30/76

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Socialization/Recreation Services	11,178	940,628	84	1.2
Court Services	8,537	872,407	102	1.1
Legal Services	4,872	778,331	160	1.0
Homemaker	3,077	745,472	242	.9
Protection Service to Adults	6,693	703,734	105	.9
Housing Improvement	10,292	684,606	67	.9
Training to Maximize Independence	1,928	581,620	302	.7
Home Health Services	382	516,758	1,353	.7
Educational Services	3,646	498,212	137	.6
Sheltered Living Arrangements	5,587	449,712	80	.6
Day Care to Children-Developmental	217	378,869	1,746	.5
Nutrition Services	8,425	348,426	41	.4
Hospital Social Services	4,193	332,628	79	.4
Education Consultant Services for Blind and Visually Impaired Children*	420	301,880	719	.4
Day Care to Adults	504	271,899	539	.4
Infant and Child Stimulation	1,261	267,799	212	.3
Drug Counseling and Treatment	1,505	263,936	175	.3
Administrative Cost, State Contracting		220,244		.3
Information and Referral*	3,200	217,060	68	.3
Home Delivered Meals	578	187,833	325	.2
W.I.N. Supportive Services	1,178	145,489	124	.2
Special Services to Blind and Visually Handicapped	972	142,174	146	.2
Congregate Meals	548	106,928	195	.1
Adjustment Counseling*	607	100,295	165	.1
Virginia Rehabilation Center for the Blind*	20	98,260	4,913	.1
Case Management	421	98,255	233	.1
Threaputic Crafts and Recreation*	305	60,660	199	.08
Activities of Daily Living*	300	60,240	201	.08
Occupational Adjustments Services*	8	58,560	7,320	.07
Communication Skills*	273	55,890	205	.07

*See explanation next page (3).

VIRGINIA - 3

Program Plan Budget: $78,734,459 Services Catalogue Budget: $78,734,479

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population #	Expenditures $	Average Cost Per Client $	Per Cent of Total %
Respite Care	336	51,759	154	.07
Library Services*	830	49,960	60	.06
Interpreter Services	10	49,040	4,904	.06
Orientation*	182	44,680	245	.06
Homemaking Skills*	196	44,185	225	.06
Vocational Rehabilitation for W.I.N.	510	33,706	66	.04
Orientation and Mobility*	41	30,550	745	.04
Low Vision Aid Assessment and Follow Up*	256	28,915	113	.04
Transportation*	525	21,000	40	.03
Foster Family Supervision/Adults	183	16,936	93	.02
Acuity Screening*	162	3,725	23	.01
*Asterisk represents a Commission for the Visually Handicapped service. Total Budget for those services available through the Commission:		$ 1,175,860		1.5%

WASHINGTON

Program Plan Budget:$56,342,624*　　Services Catalogue Budget:$54,590,029

Program/Fiscal Year 7/1/76 - 6/30/77
*Includes $1,751,645 from Refugee Assistance Act of 1975 (no State match required).

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Administrative and Support		13,834,189 1/		25.3
Child Day Care	13,051	9,251,057	709	17.0
Chore Services	3,960	7,620,827	1,924	14.0
Child Foster Care	10,915	3,522,429	323	6.5
Developmental Disabilities Ctrs.	2,000	3,325,000	1,662	6.1
Sheltered Workshops	1,658	3,074,255	1,854	5.6
Child Protective Services	25,200	2,726,716	108	5.0
Homemaker	38,390	2,394,061	62	4.4
Developmental Disabilites Case Services	5,877	1,600,031	272	2.9
Mental Health Services	12,812	1,170,875	91	2.1
Alcoholism Services	1,895	1,019,670	538	1.9
Support Services	26,998	1,003,270	37	1.8
Placement Services	21,050	781,558	37	1.4
Information and Referral	234,757	780,695	3	1.4
Health Support Services	104,880	523,651	5	1.0
Family Planning	20,474	463,789	23	.9
Adoption Services	600	330,587	551	.6
Adult Protection Services	7,200	290,294	40	.5
Developmental Disabilities Home Aid Services	1,485	285,000	192	.5
Juvenile Delinquency Prevention	482	271,266	563	.5
Adult Day Care	230	195,667	851	.4
Services to the Blind	750	125,142	167	.2

1/ Administration and Support represents all non-direct costs. Service expenditures represent direct costs only.

	AFDC	SSI	Medicaid	Income Eligible	Universal			
INDIVIDUALS	34.1%	29.0%	12.2%	20.0%	4.7%			
EXPENDITURES	31.9%	30.9%	7.8%	23.8%	5.6%			

WEST VIRGINIA EXPLANATORY NOTES

West Virginia developed a comprehensive social service plan which includes non-Title XX expenditures and recipients. The service catalogue figure is a derived one. It was constituted by adding up only Title XX Federal and State expenditures. The program plan budget reflects their comprehensive social service budget, including other Federal and State monies.

The six (6) services which include non-Title XX recipients and funds are:

	Total Expenditures (Includes non-Title XX Monies)
Community Delinquency Services	$504,525
Day Care Services for Children	$8,096,157
Preventing and Remedying Neglect and Abuse of Children	$1,602,822
Social, Education and Training Services for Adolescents and Single Parents	$403,567
Housing Improvement Services	$1,221,707
Foster Care for Children	$7,491,689

The expenditure chart attached will not reflect the comprehensive expenditures. Rather it only reflects Title XX expenditures.

1/ Only monthly population figures are available in the plan. Asterisk (*) indicates comprehensive totals which include non-Title XX recipients.

2/ Expenditure column represents only Title XX expenditures.

3/ Percent of Total is taken against the Service Catalogue Budget figure, (i.e., Title XX only).

*SEE PREVIOUS PAGE FOR EXPLANATORY NOTES AND FOOTNOTES.

WEST VIRGINIA

Program Plan Budget:$38,145,322 **Services Catalogue Budget:**$28,907,521

Program/Fiscal Year 7/1/76 - 6/30/77

Services	MONTHLY Population 1/	TITLE XX Expenditures 2/	Average Cost Per Client	Per Cent of Total 3/
	#	$	$	%
Day Care Services for Children*	7,147*	5,366,159	*Monthly estimates of population to be served preclude estimation of average costs per client.	18.6
Chore Services for Adults	3,000	2,591,639		9.0
Foster Care for Children*	3,200*	2,009,433		7.0
Health Related Services	9,930	1,832,307		6.3
Family Planning	9.600	1,714,318		5.9
Preventing and Remedying Neglect and Abuse of Children*	12,000*	1,557,824		5.4
Information and Referral Services	18,448	1,315,583		4.5
Homemaker Services	1,221	1,167,191		4.0
Interpersonal and Social Skill Development	3,513	1,127,697		3.9
Adult Family Care Homes	1,400	1,097,973		3.8
Educational and Vocational Training	6,954	1,008,158		3.5
Preventing and Remedying Neglect, Abuse and Exploitation of Adults	2,727	982,817		3.4
Sheltered Workshop Services	313	966,668		3.3
Preinstitutionalization Admission and Aftercare	4,613	920,452		3.2
Housing Improvement Services*	278*	861,708		3.0
Youth Services	891	802,149		2.8
Transportation	3,255	589,575		2.0
Licensed Personal Care Homes	500	416,511		1.4
Legal Services	639	400,000		1.4
Nursing Home Social Services	2,100	348,963		1.2
Alcohol and Drug Abuse Counseling Services	684	341,823		1.2

* Asterisk indicates service/population total which inlcudes non-Title XX recipients.

	Title XX and non-Title XX recipients and expenditures per category
INDIVIDUALS	could not be separated.
EXPENDITURES	

WEST VIRGINIA - 2

Program Plan Budget: $38,145,322 **Services Catalogue Budget:** $28,907,521

Program/Fiscal Year 7/1/76 - 6/30/77

Services	MONTHLY Population	TITLE XX Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Emergency Shelter Care	150	336,579	Monthly estimates of population to be served preclude estimation of average costs per client.	1.2
Adoption Services	180	255,065		.9
Home Management Services	958	204,778		.7
Social Educational and Training Services for Adolescents and Single Parents*	215*	199,573		.7
Employment Services	500	146,693		.5
Day Care for Adults	71	106,000		.4
Group Dining Service	116	96,530		.3
Home Delivered Meals	234	76,916		.3
Community Delinquency Services*	988*	65,636		.2
Special Services to the Blind	133	2,803		.01

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* Asterisk indicates service/population total which includes non-Title XX recipients.

WISCONSIN*

*THIS IS A 21 MONTH PLAN

Therefore, the data below only
reflects information available
in the FY 76 final CASP plan.

Program Plan Budget: $136,026,000 Services Catalogue Budget: $136,026,000

Program/Fiscal Year 10/1/75 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Planning, Placement and Supervision	126,100	31,826,000	252	23.4
Day Services Program	25,100	27,199,000	1.084	20.0
Special Living Arrangements	25,500	20,947,000	821	15.4
Day Care	99,000	10,939,000	111	8.0
Health Related	56,800	9,593,000	169	7.1
Home and Financial Management	34,000	7,277,000	214	5.3
Counseling	136,900	5,498,000	40	4.0
Chore Services	14,900	4,590,000	308	3.4
Diagnosis and Evaluation	27,700	3,034,000	110	2.2
Education and Training	62,800	2,840,000	45	2.1
Adoptive Service	3,800	2,386,000	628	1.8
Housing	16,200	2,190,000	135	1.6
Personal Care Service	8,100	2,146,000	265	1.6
Information and Referral	34,363	1,224,000	36	.9
Transportation	26,400	1,089,000	41	.8
Protective Payment	2,800	992,000	354	.7
Court Service	29,600	649,000	22	.5
Family Planning	7,300	538,000	74	.4
Home Delivery and Congregate Meals	7,200	357,000	50	.3
Legal Services	8,300	349,000	42	.3
Recreation	16,100	328,000	20	.2
Sheltered Employment	800	35,000	44	.03

	AFDC	SSI	Income Eligible					
INDIVIDUALS	48.9%	18.2%	32.9%					
EXPENDITURES	54.1%	23.3%	22.6%					

WYOMING

Program Plan Budget: $5,588,105 **Services Catalogue Budget:** $5,598,105

Program/Fiscal Year 7/1/76 - 6/30/77

Services	Population	Expenditures	Average Cost Per Client	Per Cent of Total
	#	$	$	%
Socialization	1.287	1,515,002	1,177	27.1
Counseling	2,575	1,182,512	459	21.2
Day Care Services for Children	3,420	984,620	288	17.6
Information and Referral Services	8.506	417,021	49	7.4
Homemaker Services	687	322,451	469	5.8
Adoption Services	587	283,098	482	5.1
Foster Care Services for Children	600	240,317	401	4.3
Chore Services	429	122,604	286	2.2
Home Management Services	858	118,408	138	2.1
Family Planning Services	1,762	93,701	53	1.7
Emergency Shelter Services	587	91,544	156	1.6
Court Services	429	76,290	178	1.4
Transportation Services	425	37,738	89	.7
Day Care Services for Adults	181	31,172	172	.6
Advocacy Services	432	28,798	67	.5
Legal Services	257	23,803	93	.4
Foster Care Services for Adults	86	19,026	221	.3

	AFDC	SSI	Medicaid	Income Eligible	Universal			
INDIVIDUALS	19.8%	8.4%	3.2%	14.7%	53.9%			
EXPENDITURES	22.6%	16.3%	4.0%	17.9%	39.2%			

TESTIMONY OF PANEL OF OHIO CHILD DEVELOPMENT REPRESENTATIVES: JULIA WALLACE, ROBERT Z. RANDOLPH, GARY D. LITTLE, JOHN HORNE, MICHAEL HARTER, AND SUZANNE SUTTER

Mr. ROE. Our next witness is a panel of representatives of Ohio's child development program.

I would like Mr. Applegate to take the chair and you can conduct this part of the hearing, if you will, Mr. Applegate, and introduce the folks from Ohio.

[Mr. Applegate assumes the chair.]

There is no extra pay being a chairman. [Laughter.]

Mr. APPLEGATE. Thank you, Mr. Roe. [Laughter.]

I would only say that I don't think there is anybody including Governor Scott and the panel we just heard from—they are all interested in the program and many were involved in the initial aspects of the program and were all looking as it was originally attempted to be developed as a self-sustaining, self-sufficient—but keeping in mind the types of programs that should be continued as they are developed. And we know, and I think it is quite obvious that HEW is not interested—Senator John Glenn had written a letter in June to HEW, Mr. Califano, to request a study of whether or not this could be transferred over to HEW and with his ideas—and, as I understand it, ARC has done the same thing, and neither of whom has heard anything from Mr. Califano or HEW. But I sort of related myself—they say, well, all this means is that this is going to be an ongoing program, but I was not here and I remember when Federal revenue sharing had first started out some years ago, a few years back, set on a 5-year program, and at the end of the 5 years—with recommendations, mandating—I think the proposal was that they be set forth as an economic stimulus to help local communities to develop capital improvement and this type thing; then as the bill came out of Congress it was only recommended that it be used for that—and therefore about 85 percent of the money went into operating; at the end of the 5 years, every local community in the United States became dependent on it, and they had to therefore go ahead and continue it.

At least with this program—I think it is obvious that the child development program, the people involved in it, are trying to find and develop ways that it can be self-sustaining, self-sufficient rather than become like Federal revenue sharing the local political subdivisions have. But, unfortunately, in the Appalachian region, we don't have the numbers of people to lobby the Congress, such as all the local political subdivisions throughout the United States—it gives every township, States, municipality, whatever it is, can come in and they can lobby for it. And naturally everybody is going to be under very heavy pressure to continue that program.

But we need that here, of course, and we do have members of the committee—they are a very astute group of people, those in the field, those that work with the program, who have helped develop them—and they can answer those hardcore questions that come, and what you need—and really perhaps should have been up here able to answer directly the panelists that were just sitting there—it makes it a lot easier. And I think we could have best probably understood it. But that isn't the procedure.

Mr. Roe. We are still going to make the decisions.

Mr. Applegate. Yes; we are still going to make the decisions.

The panel, the very distinguished panel from Ohio, I think when I name you, you can just come up and sit around. Robert Randolph, project coordinator, Tuscarawas County Health Department; Julia Wallace, the Ohio Mid-Eastern Governments Association, director of the child development program; Gary Little, Buckeye Hills-Hocking Valley Regional Development District, child development specialist; Michael Harter, Hocking-Athens-Perry comprehensive child development program; and John Horne, director of resource development, Hocking-Athens-Perry child development program; and with them is Suzanne Sutter, program manager for the Appalachian Regional Commission child development program from the Ohio Department of Economic and Community Development.

This is the panel—I think the panel has at least a general statement that they wish to make, or individually, however you want to handle it, but you go ahead, so we can find out the true facts and figures and get the answers to the committee.

[The following were received for the records:]

To: The House Public Works Subcommittee on Economic Development.

Enclosed please find testimony offered in support of H.R. 8777, a bill designed to assist the A.R.C. Child Development Programs in the quest to alleviate the financial difficulties encountered by these programs. The people listed below have prepared this testimony in accordance with the following format:

Section I: Why is there a problem with sustaining the Child Development effort?

Section II: What is the problem?

Section III: Is the problem of funding the Child Development programs worth solving?

Section IV: What are the alternatives to the passage of new legislation?

Section V: How will the provisions of this bill solve the problem?

It is our hope that this material addresses some of the basic concerns that the Committee might have regarding the application of this legislation to the Child Development funding problems in Appalachian Ohio. We remain at your disposal for clarification of any of the information presented.

Julia W. Wallace, Director Child Development Program, OMEGA, Box 130 Cambridge, Ohio.

Gary Little, Child Development Specialist, BH-HVRDD, Suite 10, St. Clair Bldg., 216 Putnam Street, Marietta, Ohio 45750.

Robert Randolph, Project Director, Tuscarawas Co. Health Dept., 818 Boulevard, P.O. Box 443, Dover, Ohio 46622.

Michael T. Harter, Director, H-A-P Comprehensive Child D. Program, Mt. St. Mary Hospital, Nelsonville, Ohio 45764.

John Horne, Director of Resource Development, H-A-P Comprehensive Child D. Program, Mt. St. Mary Hospital, Nelsonville, Ohio 45764.

I. Why Is There a Problem With Sustaining the Child Development Effort?

As a result of the Appalachian Regional Development Act of 1965, "Appalachia" was defined as a 195,000 square mile region that follows the spine of the Appalachian Mountains from Southern New York to Northern Mississippi. This area includes the state of West Virginia and part of twelve other states: Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia.

The Appalachian families are basically a strong family unit, but unemployment, under-employment, and intermittent employment have caused undue hardship and stress to the family structure. Statistics indicate that 1.8 million children under six live in Appalachia and 350,000 of these are members of families with incomes below the poverty level.[1] Problems of malnutrition, lack of pre- or postnatal care, lack of preschool education, limited day care facilities, and high infant mortality plague the region. There are few services available and transportation is a serious problem. Most families have more than one problem and they often become entangled in the variety of agencies that offer assistace.

All Appalachian states offer child development programs that incorporate a multidisciplinary approach to providing health care and educational opportunities within the family structure. Appalachian Regional Commission (ARC) programs facilitate linkages of existing services and agencies as well as adding services to complement those that are available.

An A.R.C. goal has always been to leverage existing federal programs to meet the needs of the region. The region is striking in its diversity; therefore the child development programs are flexible and varied. There are at least 20 different kinds of child development programs. Emphasis has been placed on innovative services and delivery mechanisms that respond to diversity. Projects have crossed state lines, linked private and public agencies, tested various kinds of administration and experimented with alternate service providers. Emphasis has also been on prevention of health and education problems as well as amelioration of these problems. Additional benefits have been the employment and training of over 8,000 persons in the service delivery system and enabling thousands of parents to accept employment. Services are designed to support the Appalachian family and assist with their special problems.

In 1970, legislation for a national program for child development appeared to be imminent. The enclosed letter from Donald W. W. Whitehead, (Exhibit I) at that time A.R.C. Federal Co-Chairman, to the Honorable Clarence E. Miller, dated May 5, 1977, states that the "A.R.C. child development program was conceived initially as a laboratory program in anticipation of a broad national effort to assist families with youg children." The laboratory idea was definitely carried out as demonstrated in the variety of programs. The response to local needs as expressed by local citizens is one of the unique features of the program and the main source of its strength. As you know, the anticipated "broad national effort" never materialized.

In this same letter Mr. Whitehead states that:

> Mr. Harter has cogently described the needs of his program and similar programs throughout the Appalachian region.
>
> The Appalachian Regional Commission is currently in the process of drafting an economic development plan for the Appalachian Region. . . . It is anticipated this will produce a set of regional priorities which will, among other things, recommend to the Congress possible adjustments in existing federal programs, as well as new mechanisms to meet the needs Mr. Harter has described.

Gradually, as hope for a "broad national effort to assist families with young children" faded the responsibility for continuation of services shifted to the individual local programs. These programs did not have the local or state capability to continue a complex service delivery system. By definition Appalachian areas have limited financial resources and a scarcity of human services. In addition the diversity of the programs and the eligibility of the clients made it impossible for all programs to qualify for other federal funds. A major problem that surfaced was that the programs' success during the five years of demonstration improved conditions in some counties to the point that they no longer qualified for the existing Federal programs. This was particularly true in the health field with the increase in manpower and consistently lower infant mortality rates as a result of A.R.C. programs.

II. WHAT IS THE PROBLEM?

A. Throughout Appalachian Ohio the original use of the A.R.C. Child Development funds was to implement innovative service delivery models.

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[1] Appalachia, A Journal of the Appalachian Regional Commission, Vol. 10, Number 2, October–November 1976, p. 31.

Once programs began delivering quality services, moreover, the A.R.C. money gradually became supplemented by private fees, Title XX (Title IV–A) Medicaid, etc. Program operators began to perceive, however, that the A.R.C. Child Development funds were essential to pay expenses for which there were no other resources.

1. *Health services.*—There is no funding resource other than A.R.C. in Southeastern Ohio which will pay the cost of medical services to children of the "working poor." For example, last year the Hocking-Athens-Perry Comprehensive Child Development Program served more than 3,000 different children in its Child Health Program; only 1,200 of those 3,000 children were either on public assistance or had parents who possessed sufficient resources to pay for their own services; 1,800 of the 3,000 children were from families which lacked the financial resources to pay for quality preventive as well as acute care services. These 1,800 children of working poor parents were the very people who were the original target population of the Comprehensive Child Development Program. Without a resource such as A.R.C. Child Development, the majority of these 1,800 children will not receive needed medical services.

2. *Systems support.*—One objective of the Comprehensive Child Development Program was to establish service delivery systems that would produce the following outcomes:

(*a*) Establishment of linkages between the existing community child-oriented service programs and the Child Development Programs in order to prevent costly duplication and fragmentation of services;

(*b*) Establishment of effective referral mechanisms in order to ensure that children who require services from a multiplicity of resources would in fact receive those resources;

(*c*) Establishment of techniques for effectively evaluating the quality of services rendered by the Child Development Programs.

The A.R.C. funding created the Child Development systems and throughout Southeastern Ohio as well as in many other Appalachian states, these systems have been instrumental in achieving the success for which the A.R.C. Child Development demonstration has been consistently praised. At the present time, however, there does not exist any funding resource designed to sustain the Coordinated systems effort. The eventual result, therefore, will be a return to a time prior to the Child Development effort which can only be characterized as fragmented, un-monitored, and un-coordinated attempts to solve the complex problems of the preschool population and their families.

3. *Matching resource.*—In Southeastern Ohio, the A.R.C. funds have provided an excellent resource for matching S.S. Title XX funding in order to provide the following services:

(*a*) Day Care Services for children whose parents are working or in job training;

(*b*) Day Care services for special needs (handicapped) children;

(*c*) Hearing Language, and Speech services;

(*d*) Transportation of special needs children to Day Care and to medical clinics.

Although there have been exhaustive efforts to identify or develop alternate sources of matching funds, those efforts have produced only partial success; the loss of the A.R.C. matching capability, therefore, will result in the loss of three additional dollars for each unavailable matching A.R.C. dollar.

4. *Operating capital.*—Most federal and state programs, such as Title XX and Medicaid, which pay the cost of services for various segments of the population, pay those costs on a reimbursement basis. There must exist capital with which to pay expenses during the actual time in which services are delivered and during the often inordinate period of time before reimbursement is made.

The A.R.C. funding has functioned as operating capital and without this operating capital, the alternative is to secure a commercial loan using future revenues as the primary collateral. Most business people view the lending of money against future collection of such resources as Title XX and Medicaid as a rather tenuous venture at best.

B. ATTEMPTS TO SECURE MONEY TO REPLACE A.R.C. FUNDS

For the Committee's consideration attached is a listing of the numerous funding resources that are utilized by two programs in Southeastern Ohio and a further listing of the various resources that have been thoroughly investigated by those two programs (See Exhibit II). In summary, these programs have addressed the problem of securing funds to pay for medical services to children of low income families and to match Title XX by seeking funds from the following general categories of resources:

1. County Commissioners (local tax funds and General Revenue Sharing Funds).
2. Municipal Governments.
3. United Appeal and United Way.
4. March of Dimes.
5. State and Federal Maternal and Child Health.
6. County Advisory Council Fund Raising Activities (Bake Sales, etc.).
7. Church Donations.
8. Donations from civic organizations (Area Improvement Committees, Lion's Club, Jaycees, etc.).
9. Foundations and Trust Funds.
10. Federal Programs such as Rural Health Initiative, Health Underserved Rural Areas, Head Start, etc.
11. State Day Care and Mental Health Subsidies.
12. SS Title XIX & S.S. Title XX.

Many of these exhaustive efforts have produced funding to sustain portions of the Child Development effort; however, in an economically depressed area such as Southeastern Ohio where financial resources certainly are not abundant, the successful acquisition of funds only begins to address the problem. In short, to continue to operate a comprehensive child development program at a moderate level of effectiveness will require a far greater amount of funding than is currently available.

C. DOES THIS PROBLEM INVOLVE PROGRAMS IN STATES OTHER THAN OHIO?

Conversations and written communications (See Exhibit III) with project operators in Alabama, North Carolina, Georgia, South Carolina, Mississippi, Maryland, and Kentucky have revealed a myriad of problems that will result or have resulted from the demise of the A.R.C. funding.

For example, we are told that in the State of Kentucky, one council employing 23 staff members operated three day care centers for the purpose of serving 120 children each year. With the loss of A.R.C., 21 of the 23 staff people were terminated and the three centers were closed. Although two staff people still are employed, no children are being served. Information gleaned from another project in Kentucky indicated that as of August 31, 1977, when the project went off A.R.C. funding, 13 of the 22 staff members were terminated and the project is currently borrowing money to meet payroll. In Alabama, where 4 projects involving 6 day care centers have closed due to a lack of funds, it is anticipated that 10 more centers will close shortly after A.R.C. support runs out in January 1978 and a potential of 20 more centers will close by September 1978. In South Carolina, one project director reports that with the termination of A.R.C. funds in June 1978, she will be forced to terminate all services to non-title XX eligible mothers. Maryland, North Carolina, Georgia, and Mississippi operators report that with the loss of A.R.C. funding the essential health services that comprise a vital portion of their delivery system will terminate and there will be a minimum of a 25 percent reduction in the volume of services delivered; unfortunately that volume of services directly affects the legions of "working poor" families which possess neither the money nor the third party resources to pay for their medical services.

In short, the same themes discussed above in section II–A permeate the reports received from projects in other Appalachian states.

III. IS THE PROBLEM OF FUNDING THE CHILD DEVELOPMENT PROGRAMS WORTH SOLVING?

Perhaps the best response to this question would be to summarize a very limited number of impact indicaters (See Exhibit IV for additional information).

A. THE OHIO MID-EASTERN GOVERNMENTS ASSOCIATION DISTRICT (9 EASTERN OHIO COUNTIES)

1. Tuscarawas County maternal and child health program

As of February 18, 1977 comprehensive health delivery services to children and prenatal care for eligible women has been significantly curtailed due to insufficient monies. On this date funding of the Tuscarawas County, Ohio, Health Department's five year demonstration grant for Child Development, Maternal and Child Health Services ended.

During the five year demonstration program, patient visits exceeded 38,000 and over 9,000 conditions and defects were identified and referred for treatment and/or correction.

A significant statistical comparison is made to "enterers into school". This change occurred following six months of operation of Maternal and Child Health Centers frm the 1971–1972 school enterers, to the 1972–1973, 1973–1974. 1974–1975, 1975–1976, and 1976–1977 enterers.

[In percent]

School enterers	1971–72	1972–73	1973–74	1974–75	1975–76	1976–77
Enterers with:						
Physical examination	28	45	65.0	75.2	76.3	78.9
DPT immunization	37	47	89.7	93.5	93.8	94.0
Polio immunization	36	47	89.0	92.3	93.6	91.7
Rubeola immunization	31	43	84.7	88.2	92.0	94.1
Rubella immunization	31	42	91.9	85.7	90.5	94.2
Tuberculin tests	17	23	(1)	(1)	(1)	(1)

[1] Not required.

The infant fortality rate of Tuscarawas County in 1968 was 39.7 per thousand live births. In 1972 the Child Development Maternal and Child Health Program was implemented. Since that date the infant mortality rate was 15.8 per thousand live births in 1975.

Twenty-eight local residents have been employed in the program since its beginning. Many have received additional training, including four registered nurses who through the program have become accredited P.N.A.'s (Pediatric Nurse Associates) and F.N.P.'s (Family Nurse Practitioners).

Due to partial reduction in funding in 1976 and the ending of the program in February 1977 the present staff has been reduced to eight part-time employees. Other trained personnel have been drained off and accepted positions where financing was more secure. Unless outside financial assistance is provided, within several months no service will be available to these Child Development, Maternal and Child Health patients.

2. Overall OMEGA Data

Services Rendered through December 1976: These numbers represent individuals not units of service. Preschool health screening clinics have delivered services to 28,000 individual children during over 112,000 visits often for a variety of services.

The nutrition program serves over 3,700 people. Family Planning delivers medical services to 4,560. The two prenatal programs have cared for 2,300 women. The bilingual-kindergarten program has served 1,855 kindergarten children plus their siblings and families. The Day Care programs have enrolled 681 children.

Numerous social services are provided by the Child Development personnel and through referrals. These services include family relations counseling, transportation arrangement, financial assistance, housing, money management, health education and follow-up on referrals.

We have discussed infant mortality rates in Tuscarawas County. In Guernsey county where we have a limited prenatal program, child health and a family planning project, the infant mortality rate has dropped from 26.9 per 1,000 live births in 1972 to 14.9 in 1973 and 8. in 1975.

Another important economic result of the child development program is that over 160 local residents have been employed in the various projects and many have received additional training. A variety of service delivery systems have been established through the A.R.C. investment.

B. THE BUCKEYE HILLS-HOCKING VALLEY REGIONAL DEVELOPMENT DISTRICT
(8 SOUTHEASTERN OHIO COUNTIES)

1. Hocking—Athens—Perry comprehensive child development program

(a) *Sample Utilization Data Program Year 1976*

1. Over 5,600 different people received Comprehensive Child Development services.

2. *Child Health Program:*
   - (*a*) Over 3,000 different children served.
   - (*b*) 1,290 physical examinations performed.
   - (*c*) 3,997 visits for sick child diagnosis and treatment.
   - (*d*) 3,205 laboratory procedures performed.
   - (*e*) 1,372 children received immunizations.
   - (*f*) 4,760 units of medications paid for by the program.
   - (*g*) 209 visits to such medical specialists as neurologists, allergists, Ear-Nose-Throat, etc.
3. *Day Care Program:*
   - (*a*) 333 different children served.
   - (*b*) 30,214 days of child care.
4. *Interagency Referrals Processed:* 1,973.
5. *Hearing and Speech Services.*
   - (*a*) 825 speech screenings.
   - (*b*) 1,351 hearing screenings.
   - (*c*) 7,349 units of therapy.
6. *Perry County Prenatal Program:* 62 high risk mothers served.
7. *Women Infant Children Nutrition Program:* 1,385 different people served.

(*b*) *Day Care Study*

During the first year of operation, there were sufficient funds to conduct a limited collection and analysis of data on the progress made by Day Care children in the area of psycholinguistic development. Scores obtained on the Illinois Test for Psycholinguistic Abilities from 37 Day Care Children from 2½ through 6 years of age selected frrom all 5 Day Care Centers show a mean psycholinguistic age gain of 10.49 months per child over a mean pre-test post-test period of 6.81 months per child. These results indicate that, during Program Year 1, the mean psycholinguistic age gain per month was 1.54 times the normative rate of psycholinguistic development.

(*c*) *Health Data*

Prior to the implementation of the Comprehensive Child Development Program, Perry County was a prototypically, underserved Appalachian area. Based on data collected by the Ohio Department of Health since the inception of the Comprehensive Child Development Program in the winter of 1972, there has been a dramatic decrease in the Infant Mortality and Neonatal Death rates in this county.

	Birth rate		Infant mortality rate[1]		Neonatal death rate[2]	
	Ohio	Perry	Ohio	Perry	Ohio	Perry
1972	15.9	19.5	18.0	23.2	13.0	12.7
1975	14.9	17.0	15.8	8.6	11.5	2.0

[1] Number of deaths per thousand live births (infants less than 1 yr of age).
[2] Number of deaths per thousand live births (infants less than 28 days of life).

(*d*) *The children—case history*

During each program year team generated comprehensive individualized program plans are developed and implemented for Day Care children with developmental problems or disabilities. Currently 72 Day Care children are receiving special needs programming. One criterion of impact assessment regarding the success of the Special Needs Program is the ongoing team analysis of each child's progress. Another criterion may be discovered by following the progress of the children after they leave the Special Needs Day Care Program. Following is a brief case study involving a child who was enrolled in the Program and has "graduated" into the public school. Tonya's story is only one of many.

Tonya (aka).—Tonya and her twin brother were born on December 12, 1967. During the first six months of life, Tonya's development paralleled her twin brother's. However, by age one, Tonya began to exhibit severe lags in both motor development and language acquisition. At age two Tanya was diagnosed as having Cerebral Palsy with attendant symptoms such as spasiticity, etc. Upon entry into the Day Care Program early in 1973, Tonya could walk only with assistance of a walker, was not toilet trained, and spoke only in short sentences. While enrolled in the Day Care Program, Tonya was gradually mainstreamed into the regular pre-school class and as much as possible participated in the regular daily language, fine motor, gross motor and socialization activities. In addition, Tonya received intensive physical therapy and language therapy provided at the center by program specialists and reinforced by the Day Care staff.

In August, 1974, Tonya left the Day Care Program and in September she entered a Kindergarten class in her home school system. After a few months, Tonya joined her twin brother in the first grade and according to her parents and teachers has adjusted well and continues to progress remarkably well.

(c) *Employment picture*

The impact of program termination on employment in these three counties will be significant. A total of 110 people; 94 paid with A.R.C. funds, 11 through the ACTION Foster Grandparent Program, and 5 through the CETA Young Adult Program (High School Dropouts) would be affected.

It is possible that a vital health service "drain" could occur in this three county area should the Child Development Program terminate. Among the 110 persons employed are included: physicians, pediatric nurses, cerebral palsy home visitor, teachers, program directors, bookkeepers, secretaries, and community workers just to mention a few.

Wages—Athens-Hocking-Perry

Child development	$458, 065
Foster grandparents (participating in program)	26, 312
CETA (participating in child development program)	19, 136
Total	503, 513
Total persons	110

2. *The Washington-Morgan child development program*

During the 1977 program year the two Centers in Washington and Morgan Counties have provided comprehensive day care services to 135 different children and have provided an additional 121 parents with educational guidance through the pre-school-at-home program.

Since the Program's inception in 1972, 588 different children have received comprehensive day care and health services from the staff of 41 professionals delivering services through the tax centers.

C. BRIEF OVERVIEW OF DATA FROM THE ENTIRE APPALACHIAN REGION (1975 SUMMARY)

According to the 1975 A.R.C. Annual Report, more than 125,000 Appalachian children under six years of age are being served in 260 Child Development projects in 222 Appalachia's 397 counties. The 1975 A.R.C. expenditure for these projects was close to $25 million dollars, with more than $22 million of it being used to continue existing projects and $2.7 million being used to start 38 new projects. Over 20 different kinds of Child Development programs have been developed in Appalachia in response to local needs: almost all of these projects provide more than one type of service.

According to the 1977 *State of the Child in Appalachia* report published by the Save the Children Federation, the economic impact of Child Development programs on the Appalachian region has been significant. Over 5,100 jobs have been created in the region, most in rural areas and labor intensive human service fields. Another 5,000 parents have been able to work or enter job training because of the availability of quality child care. Salaries received by persons entering the labor force place millions of dollars annually in the hands of local merchants and service businesses. In Ohio alone, over $5 million in income can be estimated for Child Development programs in their communities. (*Data from Kirschner report reprinted in the State of the Child in Appalachia.*)

In conclusion, the extant data depicts a successful Child Development effort in Ohio and similar data collected from the other 12 Appalachian states indicates that the A.R.C. Child Development Program has been an overwhelming success. Given then that the Program has been a success and given that hundreds of thousands of Appalachian children have received valuable developmental services and given that the Program creates thousands of jobs in economically depressed areas, it makes good sense to identify or create means to sustain this effort.

IV. WHAT ARE THE ALTERNATIVES TO THE PASSAGE OF NEW LEGISLATION?

Many Legislators and government officials have recommended utilizing alternative federal funding resources as means for sustaining the Child Development effort.

A. SOCIAL SECURITY TITLE XX

In 1972, when Ohio first became involved in the old S.S. Title IV–A Social Services programs, Child Development operators immediately took steps to access that money. In 1975 with the advent of the replacement legislation, S.S. Title XX, these same efforts continued. Many of the Ohio Appalachian programs did access and continue to access a considerable proportion of their operating monies from Title XX. There are, however, major problems with using the Title XX resource to sustain the overall Child Development effort.

1. In Ohio Title XX does not pay for medical services and has been discussed above in Section II, delivery of medical services to children of the working poor is a critical dimension of the Child Development system.

2. In Ohio the Title XX program funds the county welfare departments to provide information, outreach, referral, and follow-up services. As explained above, these services are vital to the operation of the Child Development systems as well. If the county welfare departments were able to provide these direct services and the additional expertise necessary to sustain the Child Development service delivery system, then perhaps a Child Development system operated by Child Development personnel would not be necessary. Unfortunately the County Welfare Department personnel are not in fact trained or inclined to operate the Child Development systems.

The net result of this paradox is that the bulk of the Title XX dollars go to the County Welfare Departments for their administrative purposes and do not assist to any great extent in sustaining the Child Development Systems.

3. Although in many counties specific services provided by A.R.C. Child Development programs are paid for through Title XX contracts with the County Welfare Departments, the state's formula for allocating Title XX funds to the individual counties creates a significant disparity in the 28 Appalachian counties. The formula is based primarily on population; therefore the largest allocations, over 50% of the total, are made to the four largest counties in the state. The remaining 84 counties divide the remainder and the rural disperse population of Appalachian Ohio receives an infinitesimal fraction of the total amount of Title XX dollars available. Ironically, Ohio has never come close to spending its entire Title XX allocation.

Although many Child Development Programs have accessed varying amounts of Title XX dollars, for a variety of reasons many have not. In the OMEGA district less than half of the counties use Title XX for day care centers. For example after four years of contract negotiations for one day care center there is still no Title XX Contract (See Exhibit V). In this center, moreover, the majority of the children enrolled to meet Title XX eligibility requirements.

B. HEAD START FUNDING

Head Start funds were another possible alternative. According to a letter (August, 1977) from Dr. Blandina Cardenas, Commissioner, Administration for Children, Youth and Families, "We have not fully developed guidelines for distribution of the funds." A similar problem of accessing Head Start money was described in a letter from Hilton G. R. Baines, Acting Head, Children, Youth and Family Unit, Region V, HEW Chicago: "Currently Head Start operates programs that provide comprehensive child development services to income eligible children ages 3–5 and their families. Title XX through state allocations, is responsible for day care services." (See Exhibit VI). Once again we have the statement that Head Start is not day care. However, the Head Start programs often depend on the Appalachian Child Development health clinics to provide health services to their Head Start children in order to comply with DHEW guidelines. They also refer children who need educational experiences, but who do not qualify for Head Start to A.R.C. supported day care centers. Furthermore, all Head Start information currently circulated points toward a half-day developmental service and not toward a full-day care experience. The two programs have reinforced and supplemented each other in order to adequately serve the children and families of the area. There is no way, however, under current legislation and guidelines that either program could absorb the other.

C. HEW MATERNAL AND CHILD HEALTH FUNDING

Traditionally, the Ohio Department of Health has expended the bulk of its Maternal and Child Health funds subsidizing four metropolitan clinics where the need for health care is concentrated. The rest of the state receives whatever funding is left over. Child Development Programs in Southeastern Ohio receive a total of approximately $45,000 in Maternal and Child Health Funds and this money is used primarily to pay nursing salaries. In short, Ohio's allocation of Maternal and Child Health funds is simply insufficient and unless there is a significant increase in no way can this funding resource replace the A.R.C. effort in Appalachian Ohio.

D. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE UNDERSERVED RURAL AREAS AND RURAL HEALTH INITIATIVE

Numerous pre-applications, applications and re-applications have been submitted from various programs. These DHEW programs emphasize primary care and treatment for all age groups.

There is always a reluctance, however, by any funding agency to become the primary sustaining resource for an already viable program. Most agencies and foundations want to start their own demonstrations. But perhaps one of the most discouraging pieces of information received was that the Appalachian areas often do not qualify because the Appalachian program has been too successful and therefore the areas will have to wait until they revert to their original underserved conditions before applying for federal assistance.

E. MEDICAID (TITLE XIX)

Health services are not reimbursable under Title XX in Ohio. Therefore contracts for S.S. Title XIX were sought to reimburse programs for the Health services delivered to welfare clients. The welfare eligibility requirement denied reimbursement for many of the working families that used the clinics for preventive health services. Some of these health services were not available anywhere else in the county. Then the problems of not being reimbursed under S.S. Title XIX for health service delivered by physician extenders defeated the whole purpose of training physician extenders and providing low cost health services to all the residents of Appalachia. Had there been enough physicians in the region there would have been no need to train extenders through A.R.C. child development and health programs. Title XIX did not provide a path to self-sufficiency.

V. How Will the Provisions of This Bill Solve the Problem?

This bill provides a mechanism for an extensive examination of the reasons why long-term self-sufficiency has been so elusive to date. The problem is as complex as the types and diversity of the projects that make up the child development program in the thirteen states. It deserves a comprehensive study. In addition the role of the states needs to be analyzed and the concept of total self-sufficiency reviewed.

Furthermore, A.R.C. has made an investment in a Service Delivery Systems which will be sustained for at least two more years. With this legislation, during the next two years, there is the possibility of new federal programs that would cover part of the health costs to women and children. The problems with existing programs such as Head Start and Titles XX and XIX might be worked out. At the very least another two years of funding would purchase comprehensive services—health, nutrition, education, and social services—for the preschool children of Appalachia, preserve the investment in the service delivery system and continue the thousands of jobs in a labor intensive field.

I would urge you to allow A.R.C. time to seek a solution to the problem of sustaining a very successful federal demonstration.

EXHIBIT I

A.R.C. FEDERAL CO-CHAIRMAN WHITEHEAD'S LETTER

THE APPALACHIAN REGIONAL COMMISSION,
Washington, D.C., May 5, 1977.

Hon. CLARENCE E. MILLER,
House of Representatives,
Washington, D.C.

DEAR MR. MILLER: This is in response to your inquiry of April 25 in behalf of Michael T. Harter, Executive Director, Family Development Programs, Inc. Mr. Harter has cogently described the needs of his program and similar programs throughout the Appalachian Region.

The Appalachian Regional Commission is currently in the process of drafting an economic development plan for the Appalachian Region. Among the issues under discussion are those related to the needs of children and families. It is anticipated this will produce a set of regional priorities, which will, among other things, recommend to the Congress possible adjustments in existing federal programs, as well as new mechanisms to meet the needs Mr. Harter has described. Mr. Harter and his colleagues may contribute to this dialogue through their governors and by making recommendations directly to me. Our total effort will be discussed among the governors in August this year.

The ARC child development program was conceived initially as a laboratory program in anticipation of a broad national effort to assist families with young children. In view of this, the Congress intentionally limited ARC support to a maximum of five years. The findings of Mr. Harter and his colleagues appear to testify to the success of that demonstration effort. The next logical step could be to assist states in the continuation of their existing programs by expanding those resources available through existing national programs. Specifically, your constituents should make certain they are participating fully in Title XX of the Social Security Act, Head Start, programs sponsored by the Office of Education's Bureau for Education of the Handicapped, and the Maternal and Child Health programs of the Public Health Service.

If we can assist you further with respect to your constituents' concerns, please advise.

Sincerely,

DONALD W. WHITEHEAD,
Federal Cochairman.

EXHIBIT II

FUNDING RESOURCES ATTEMPTED IN TWO APPALACHIAN OHIO AREAS

Hocking-Athens-Perry Comprehensive Child Development Programs: Outline of Funding Activities

A. CURRENT RESOURCES

ABC 202 Child Development and ARC 202 Health.
Social Security Title XX.
Ohio State Day Care Subsidy.
Ohio State Mental Health Subsidy.
Hocking-Athens-Vinton Mental Health Levy.
USDA: WIC Program and Child Nutrition Program.
Hocking County Commissioners.
Athens County United Appeal.
United Way.
CETA (Comprehensive Employment and Training Act).
Ohio Department of Vocational Education.
Ohio Department of Health: Maternal and Child Health.
Mount St. Mary Hospital.
Bureau of Crippled Children's Services.
Medicaid.
Third Party Insurance (United Mine Workers, etc.).
Self-Pay (Client Fees).
County Advisory Councils (Lotteries, Bake Sales, Rummage Sales).
Ohio University.

Immanuel Methodist Church (Logan).
First Methodist Church (Athens).
First United Methodist Church (New Lexington).
Tri-County Community Action Agency.
General Revenue Sharing: Athens City, Logan City, Murray City, Nelsonville City.
Bureau of Vocational Rehabilitation.
Local Mental Retardation Programs (169 Boards).
Hocking-Athens-Perry Head Start Program.

B. FUNDING RESOURCES WHICH ONCE MADE CONTRIBUTIONS BUT HAVE NOT DURING PROGRAM YEAR 1976–1977

Athens County Commissioners (General Revenue Sharing Funding once available for human services weer diverted to pay for repairs caused by extreme weather conditions).
Perry County Commissioners.
Athens County March of Dimes.
Fraternities at Ohio University.
Ohio Department of Education.

C. FUNDING RESOURCES TO WHICH APPLICATIONS HAVE BEEN MADE BUT NO RESOURCES WERE COMMITTED

Kellogg Foundation (Battle Creek, Michigan).
Robert Wood Johnson Foundation (Princeton, N.J.)—Very Interested in program but currently only doing start up of programs.
Max C. Fleishman Foundation (Las Vegas, Nevada)—Funds programs in cooperation with other organizations but not interested in Child Development.
Carnegie Corp. (New York)—Contacted by Congressman Miller's Office. Does not fund Child Development.
Cleveland Foundation (Cleveland, Ohio)—Primarily local area giving.
O'Bleness Foundation (Athens, Ohio)—Limited funds.
Holl Foundation (Logan).
Local Bank Trusts—None Exist.
Bureau of Education for the Handicapped.
Health Underserved Rural Areas.
Hocking County United Appeal.
Ohio March of Dimes.
New Lexington Jaycees.
Nelsonville Area Improvement Committee.
Lions Club.

D. FUNDING RESOURCES OBTAINED TO EXPAND CONCEPTS PROVEN THROUGH THE CHILD DEVELOPMENT PROGRAMS

Rural Health Initiative.
Appalachian Regional Commission 202 Health.

The following list indicates sources of funding explored by the OMEGA Child Development staff in order to continue comprehensive quality services for preschool children and their families. This listing does not include all the sources contacted by individual project directors. All sources listed were pursued for any or all of the projects in the guidelines. The success of this effort is reflected in the fact that the A.R.C. funding level was approximately 50 percent of the total program in the fifth year. The variety of services and many key personnel were cut during this transition. All programs except the Jefferson County Advocacy Center and Holmes County Preschool are functioning to date, but only one project has assured funding for another full year (Coshocton Child Health).

PUBLIC FUNDS (FEDERAL AND/OR STATE)

(a) *Social Security Title XIX* (Ohio Dept. of Public Welfare).—This source is limited by the number of clients eligible under the current State Plan. Reimbursements are less than the usual fees for some services and are often very slow.

Title XX (IV,A) 94.401.—These funds are not applicable to health services in Ohio, and must be contracted through county Welfare offices based on county plans and quotas. Only small amounts have been secured to date for a limited number of programs.

(*b*) *U.S. Department of Health, Education, and Welfare* (*HEW*).—Community Services Administration's Head Start funds. These funds are for half-day programs and the eligibility guidelines would eliminate most day care clients in this district. A large portion of the new funds will go to Research and Development rather than expansion of current programs according to the information we have received.

RURAL HEALTH INITIATION HEALTH UNDERSERVED RURAL AREAS COMMUNITY HEALTH GRANTS

Mental Health and Mental Retardation 169–648

COMMITTEE ON FOOD AND NUTRITION PROGRAM

Ohio Department of Public Health:
  POD–DOP.
  Women, Infants and Children.
  Home Health.
  Nutrition Division.
  Dental Division.
  Planning (formerly 314, D).
  Bureau of Crippled Children.
  Children and Youth.
  Maternal and Child Health.
  Division of Nursing.
  Maternal and Infant Program.
  Auxiliary funds for Non-Public School Health Screening.
HUD: Community Development Block Grants.
ARC:
  Primary Care.
  Corp on Health Education in Appalachia Ohio.
Department of Labor: CETA.
U.S. Department of Education:
  Ohio Dept. of Education (Title I).
  Follow Through.
  Bilingual School Programs.
Local:
  County Commissioners.
  United Way/Community Chest.
  Health Levys.
  Revenue Sharing.
  Volunteers.
  Fund Raising Manuals and Training.
Foundations:
  Local Foundations.
  Ohio Foundations Association.
  Kellogg.
  Bordon.

EXHIBIT III

WRITTEN COMMUNICATION FROM PROGRAMS IN OTHER APPALACHIAN STATES INDICATING A NEED TO CONTINUE A.R.C. FUNDING

WEBSTER COUNTY CHILD DEVELOPMENT,
McKee, Ky.

Mr. JOHN F. HORNE,
Director of Development, Mount St. Mary Hospital,
Nelsonville, Ohio.

DEAR MR. HORNE: I wish to thank you for your letter of concern for our Child Development program. We are finding ourselves in an extremely difficult situation since ARC will terminate this fall.

I would sincerely appreciate any information you may receive on any funding possibilities. I would be happy to serve as a contact person for my state.

Sincerely,

NADINE MCQUEEN,
Director, Jackson County Child Development.

WEBSTER COUNTY CHILD CARE PROGRAM,
Eupora, Miss., August 26, 1977.

DEAR MR. HORNE: I would like to commend the work you and your group are doing to further A.R.C.'s cause in child care. My program is rather small but very effective for our area. I am from Webster County and our program is home-based. We serve approximately 40 children in this type program and have 8 caregivers to work with 5 children in each home. The homes are used to demonstrate a family type atmosphere for children who may not have a stable home condition. The ages of our children run from 6 weeks through 6 years. We serve primarily working mothers, however, as the case may be; we do serve children from all types of mothers.

An example of the benefits of our home-based program could certainly be this case. In our homes, the majority of the caregivers husbands are home during at least part of the day. This child came into our program at the age of 3 years. He was slow for his age and terribly shy. When strangers were around he would hide under tables or chairs. He withdrew from the other children. The background of this child showed us he was the youngest of a group of older children. His father was a truck driver and an alcoholic and his mother was the dependable supporter of the family. The other children picked on him or else totally ignored him in his family. As soon as the child was enrolled in the program and placed in a home, the caregiver began giving additional attention to this child. She found through her husband a very big help and a key to the solution. The child would respond to the husband and then in turn would respond to her. Gradually after 3 long years of work, the child is talking and not stopping. He greets strangers even though he is still very shy. The child started to school this time and after the great work done by my caregiver and her husband, I feel he will be prepared for the new school experience.

People that are in child care are constantly receiving blessings from working with children. That to me is why A.R.C. needs to remain in to help poor counties like mine that cannot afford programs for children such as this one.

Thank you so much for your efforts. If there are other ways we can work to help children, please feel free to contact us.

Sincerely,

MRS. FRAN W. PITTMAN,
Director of Webster County,
Child Care Program.

COMBINED COMMUNITY CHILD DEVELOPMENT SERVICE, INC.,
Mississippi State, Miss., August 24, 1977.

MR. EDWARD S. BISHOP,
Mississippi Council on Children,
Booneville, Miss.

DEAR MR. BISHOP: This letter is in response to the request from Mr. John Horn of Ohio. Our program has been a great success as it relates to the economic growth of the area and also as it relates to the developmental growth of the children and their families.

As a result of our program 146 parents are able to enter and remain in the job market. Children from our program entering public school has ranked in the higher levels. We operate (4) four centers and at (3) three of our centers we have over 100 applicants at each center on our waiting lists.

The program has received support from local industries, other local agencies, university and local government. Although we have received local support (inkind and cash) it is almost impossible for local sources to pick up the entire cost of the match needed to operate the centers.

It is imperative that ARC funds are extended until the state picks up the match for the programs.

Sincerely,

(MRS.) HELEN M. TAYLOR,
Administrator.

ITAWAMBA COUNTY CHILD DEV. CENTER,
Fulton, Miss., August 29, 1977.

To: Mr. John Horne, Director of Development.
From: Itawamba County Child Development Center.
Subject: Extension of ARC funding for two additional years.

The Staff and the Parents of the Itawamba County Child Development Center would like an extension of ARC funding. We feel that we are doing a great service for the children as well as providing a service for the parents.

We have had children come to our Center that had nutritional problems. We took them for a physical to the Itawamba County Health Department. They were given vitamins and with the aid of the vitamins and a well-balanced diet at the Center, we have seen them become healthy active children.

Our services have enabled the mothers to be employed and contribute to the family income.

We've seen children that could not play with their peers become outgoing and adjusted, also we have seen children, that were fully dependent on their mothers to the extent of refusing to feed themselves at three years old, become independent and happy.

This is to name only a few miracles that we have seen through Child Development.

Enclosure.

AUGUST 30, 1977.

We as parents of the children who attended the Itawamba County Child Development Center are very much concerned about the extension of the ARC funding. The center has been a blessing for us and our children.

This center is very much needed in the community.

We wholeheartedly support the necessary legislation needed to extend this funding. We are grateful for the funding previously made available to us and very much appreciate any future funding.

Parents of the Itawamba County Child Development Center.

Judy Reynolds. Ana Dulaney, Irene Ausborn, Regina Foreman, Robert Coker, Linda Taylor, DeAnna Sims, Debbie Gaskin, Frieda Shamas, Frances Tucker, Shirley Pierce, Carl Gaddy, Sharon Reid, Bonnie Gray, Carol Drake, Princess Pickens.

AUGUST 30, 1977.

We as business and professional people and citizens of Itawamba County are concerned about the extension of the ARC funding for the Itawamba County Child Development Center.

This center has not only helped many parents of the county, but also many children, who would not have received this type care and training otherwise. We realize this center is a real asset to the community.

We support the legislation necessary to extend the funding for this center and others like it.

Concerned Citizens . . .

H. D. McGee, Mayor, June Wallace, Diane Moses, Mrs. H. D. McGee, Frann Senivel, Kathy Johnson, Sandra Umfress, James Thiash, Mary Miller, Mrs. Lele Preuitt, Carolyn Mills, Otis Moore, J. R. Moore, Johnnie Chism, Evelyn Waddelp, Wayne Waldorf, Leisa Johnson, James Tucker, Carolyn Tucker, Eddie Drake, Mrs. Eva McHee, Betty Thornton, Jack Cuey, Roger E. Profenien, Charlie McCarthy, Lottie Sheffield, Victor L. Vimprier, Bobby Clouse, P. A. Whiteside, Wayne Pitt, Jerome McGee, W. G. Robinson.

NORTH CAROLINA

The scheduled ending of the A.R.C. demonstration grant in July, 1978, has brought a feeling of uncertainty to some program staff and families. Although it is recognized that the program will continue in some form, individuals are unsure of how it will specifically effect them. Even though program administrators are working to broaden the base of funding, it is recognized that the gap left from the A.R.C. funding cannot be completely filled by state and local funds. Thus, the location of a source of funding to assist in providing quality child care to those families who do not qualify for Title XX and for the provision of administrative, health, and other supplemental services which help to make the program a quality one is a continuing and growing problem.

C. ACCOMPLISHMENTS TO DATE

It is easy to lose sight of the many accomplishments of the program when faced with the daily problems which inevitably arise in a large human services program such as the Child Development Program. However, a review of the program accomplishments of the past four to five years point to the need for continuation of quality day care programs in the region, the community support that has developed for the program, and the overall success of the program.

Many of the accomplishments of this year are the result of the years of effort and work that have already occurred. Therefore, this seciton will review some of the outstanding accomplishments since the program's inception and then detail accomplishments during the 1976–77 program year.

(1) The Child Development Program initially began operations in Transylvania County in 1971–72. The following year. Henderson, Buncombe and Madison Counties joined in the program.

BELL-WHITLEY COMMUNITY SERVICES AGENCY, INC.,
Pineville, Ky., July 13, 1977.

Mr. JOHN F. HORNE,
Director of Development, Family Development Program, Inc., Mount St. Mary Hospital, Nelsonville, Ohio.

DEAR MR. HORNE: I am gratefully in receipt of your July 5, 1977 correspondence you have written me concerning the near future of the Appalachian Development Act, or Child Development Programs funded through the Appalachian Regional Commission. I will indeed contact Mr. Charles Babb of the Bureau for Social Services in the Kentucky Department for Human Resources, as I want to learn more about what can be done to secure funding to support our very needed program.

Our Agency is located in South Eastern Kentucky, at the foot-hills of the Appalachian Mountains. We have operated a Child Care Program under the name of Kentucky Infant and Preschool Program (which has now changed to Developmental Child Care Program) for the past five years. We also are indeed concerned about the future of these Child Development Programs that have been established in the last five years and who now face an ending of funding from the Appalachian Regional Commission.

I am very interested in the bill being introduced in Legislative Congress concerning amending the Appalachian Development Act to provide for two years of emergency transition funding for the Child Development Programs. I will indeed contact Senator Wendell Ford, Senator Walter "Dee" Huddleston; and Congressman Tim Lee Carter. Indeed, this is a very interesting piece of new legislation to see going before the Congress, if it indeed does. The second possibility of continued funding that you identified involving earmarking a portion of HEW's Head Start funds for Child Development programs is also very interesting, and I am asking you to please advise me and help me to stay informed of anything you know as to the developments along the line. I am sure you are a very busy man, and if you can not do this I certainly can understand. Both options as identified in your correspondence appear to be very supportable as far as myself and my organization is concerned.

Also in your letter, you identified the Appalachian Information Sharing Network and the fact that it has been established among Child Development program people in ten Appalachian States for the purpose of sharing information about various available resources and working together on common problems. Indeed, I am, as you inquired, very interested in serving as a contact person for my State, or area, whichever you deem helpful. I am anxious to receive any and all information and am very willing to help disseminate it to other programs in our area.

For the past five years, we have participated in and operated a Child Development Program in Bell and Whitley Counties of South Eastern Kentucky while anticipating the inevitability of ARC funding ending its support of this program. I have secured at least a temporary, that is, a one year source of funds to support personnel cost for the program. I am sure you are aware of the recent Public Service Employment funds becoming available to the Department of Labor, Title VI of the Comprehensive Employment Training Act. These are the funds we have made application for, and received approval for. We are intending to use these funds to operate our Child Care Service program for next year (1977–1978). After this next year, we are not definitely sure of what we are going to be able to do, but want to find every way possible to make the program self-sustaining through fees, and by serving higher income clientele who can afford to pay a higher price for child care services. Certainly, this has gotten away from the intent of the program when it began as a demonstration program. However, circumstances are such that no other funding sources are available and this appears to be a sad inevitability. Perhaps this information is too late for you or other organizations, as probably you have already been aware of these funds of the Title VI PSE program. However, if you need any information on how we have used the funds and how we have provided for this program, I certainly will be willing to discuss it with you if you care to call me.

In closing, thank you again for your letter, as I was pleased to receive it and would certainly like to endorse the effort you are making in trying to see that this is done. I am certainly willing to cooperate in any way that I can and will do so as I have outlined within this letter.

Sincerely yours,

L. STONE.

EXHIBIT IV

INDICATORS OF IMPACT FROM PROJECTS IN SOUTHEASTERN OHIO

FACT SHEET

MAY 18, 1977.

As of February 18, 1977 comprehensive health delivery services to children and prenatal care for eligible women has been significantly curtailed due to insufficient monies. On this date funding of the Tuscarawas County, Ohio, Health Department's five year demonstration grant for Child Development, Maternal and Child Health Services ended.

During the five year demonstration program, patient visits exceeded 38,000 and over 9,000 conditions and defects were identified and referred for treatment and/or correction.

A significant statistical comparison is made to "enterers into school." This change occurred following six months of operation of Maternal and Child Health Centers from the 1971–72 school enterers, to the 1972–73, 1973–74, 1974–75, 1975–76, and 1976–77 enterers.

[In percent]

School enterers	1971–72	1972–73	1973–74	1974–75	1975–76	1976–77
Enterers with:						
Physical examination	28	45	65.0	75.2	76.3	78.9
DPT immunization	37	47	89.7	93.5	93.8	94.0
Polio immunization	36	47	89.0	92.3	93.6	91.7
Rubeola immunization	31	43	84.7	88.2	92.0	94.1
Rubella immunization	31	42	91.9	85.7	90.5	94.2
Tuberculin tests	17	23	([1])	([1])	([1])	([1])

[1] Not required.

The infant mortality rate for Tuscarawas County in 1968 was 39.7 per thousand live births. In 1972 the Child Development Maternal and Child Health Program was implemented. Since that date the infant mortality rate has been reduced to 15.2 in 1975. Ohio's state wide infant mortality rate was 15.8 per thousand live births in 1975.

A 50 percent reduction in Federal Funding in 1976 necessitated that a sliding fee scale be adopted. It has become evident over the past 15 months that this program cannot become financially viable due to the economic conditions including the great number of medically indigent residents and high unemployment rate in Tuscarawas County. All of these facts add to the complexity of the problems of Appalachia areas and their residents.

Twenty-eight local residents have been employed in the program since its beginning. Many have received additional training, including four registered nurses who through the program have become accredited P.N.A.'s (Pediatric Nurse Associates) and F.N.P.'s (Family Nurse Practitioners).

Due to partial reduction in funding in 1976 and the ending of the program in February 1977 the present staff has been reduced to eight part-time employees. Other trained personnel have been drained off and accepted positions where financing was more secure.

Presently patient appointments are scheduled solid through September. This five month unwarranted delay is due to the loss of professional staff and the consistent increased demands for service. Unless outside financial assistance is provided within several months no service will be available to these Child Development, Maternal and Child Health patients.

The Child Development Maternal and Child Health Program grew so rapidly that the present health facility became inadequate. Therefore the County Commissioners let bids for the construction of a new public health center which is being financed by local, Appalachia Regional Commission and Hill-Burton funds. The facility will be ready to open in June of 1977. The Public Health Center contains 16,000 square feet of which two thirds is devoted to clinic and patient care services.

It appears the initial investment of millions of dollars made by Appalachia Regional Commission in these community programs in order to provide human services is being jeopardized and lost unless additional assistance can be obtained to continue the services. The areas affected will eventually drift back to their original status where little or no health or other child development services are available.

As the twig is bent so grows the tree. With this thought in mind we have a moral obligation to provide services that will minimize the risk of child birth and give each baby born the best possible chance for survival with optimum opportunity for a normal birth and subsequent satisfactory development and to present this child at school age with the best possible physical, emotional and mental health to assume better learning capabilities in order that this child may become, as an adult, a healthy productive citizen of this community.

HOCKING-ATHENS-PERRY

COMPREHENSIVE CHILD DEVELOPMENT PROGRAM

INFORMATION AND DATA OUTLINE

Section 1. Overview.
Section 2. Employment picture.
Section 3. Day care study.
Section 4. Health data.
Section 5. The children—Case history.
Section 6. Sample utilization data: Program year 1976.
Section 7. Continued support for an existing service delivery system.
  A. Raphael study.
  B. Hearing and speech.
Section 8. Area census data.

SECTION 1

OVERVIEW

According to the 1975 A.R.C. Annual Report, more than 125,000 Appalachian children under six years of age are being served in 260 Child Development projects in 222 of Appalachia's 397 counties. The 1975 A.R.C. expenditure for these projects was close to $25 million dollars, with more than $22 million of it being used to continue existing projects and $2.7 million being used to start 38 new projects. Over 20 different kinds of Child Development programs have been developed in Appalachia in response to local needs: almost all of these projects provide more than one type of service.

According to the 1977 *State of the Child in Appalachia* report published by the Save the Children Federation, the economic impact of Child Development programs on the Appalachian region has been significant. Over 5,100 jobs have been created in the region, most in rural areas and labor intensive human service fields. Another 5,000 parents have been able to work or enter job training because of the availability of quality child care. Salaries received by persons entering the labor force place millions of dollars annually in the hands of local merchants and service businesses. In Ohio alone, over $5 million in income can be estimated for Child Development programs in their communities. (Data from Kirschner report reprinted in the *State of the Child in Appalachia.*)

SECTION 2

EMPLOYMENT PICTURE

The impact of program termination on employment in these three counties will be significant. A total of 110 people; 94 paid with A.R.C. funds, 11 through the ACTION Foster Grandparent Program, and 5 through the CETA Young Adult Program (High School Dropouts) would be affected.

It is possible that a vital health service "drain" could occur in this three county area should the Child Development Program terminate. Among the 110 persons employed are included: physicians, pediatric nurses, cerebral palsy home visitor, teachers, program directors, bookkeepers, secretaries, and community workers just to mention a few.

Wages—Athens–Hocking–Perry

Child development	$458, 065
Foster Grandparents (participating in program)	26, 312
CETA (participating in Child Development program)	19, 136
Total	503, 513

SECTION 3

DAY CARE STUDY

During the first year of operation, there were sufficient funds to conduct a limited collection and analysis of data on the progress made by Day Care children in the area of psycholinguistic development. Scores obtained on the Illinois Test for Psycholinguistic Abilities from 37 Day Care children from 2½ through 6 years of age selected from all 5 Day Care Centers show a mean psycholinguistic age gain of 10.49 months per child over a mean pre-test post-test period of 6.81 months per child. These results indicate that, during Program Year 1, the mean psycholinguistic age gain per month was 1.54 times the normative rate of psycholinguistic development.

SECTION 4

HEALTH DATA

Prior to the implementation of the Comprehensive Child Development program, Perry County was a prototypically, underserved Appalachian area. Based on data collected by the Ohio Department of Health since the inception of the Comprehensive Child Development program in the winter of 1972, there has been a dramatic decrease in the Infant Mortality and Neonatal Death rates in this county.

	Birth rate		Infant mortality rate [1]		Neonatal death rate [2]	
	Ohio	Perry	Ohio	Perry	Ohio	Perry
1972	15.9	19.5	18.0	23.2	13.0	12.7
1975	14.9	17.0	15.8	8.6	11.5	2.1

[1] Number of deaths per thousand live births (infants less than 1 yr of age).

[2] Number of deaths per thousand live births (infants less than 28 days of life).

SECTION 5

THE CHILDREN—CASE HISTORY

During each program year team generated comprehensive individualized program plans are developed and implemented for Day Care children with developmental problems or disabilities. Currently 72 Day Care children are receiving special needs programing. One criterion of impact assessment regarding the success of the Special Needs program is the ongoing team analysis of each child's progress. Another criterion may be discovered by following the progress of the children after they leave the Special Needs Day Care program. Following is a brief case study involving a child who was enrolled in the program and has "graduated" into the public school. Tonya's story is only one of many.

Tonya (aka)

Tonya and her twin brother were born on December 12, 1967. During the first six months of life, Tonya's development paralleled her twin brother's. However, by age one, Tonya began to exhibit severe lags in both motor development and language acquisition. At age two Tonya was diagnosed as having cerebral palsy with attendant symptoms such as spasticity, etc. Upon entry into the Day Care program early in 1973, Tonya could walk only with the assistance of a walker, was not toilet trained, and spoke only in short sentences. While enrolled in the Day Care program, Tonya was gradually mainstreamed into the regular pre-school class and as much as possible participated in the regular daily language, fine motor, gross motor and socialization activities. In addition, Tonya received intensive physical therapy and language therapy provided at the center by program specialists and reinforced by the Day Care staff.

In August 1974, Tonya left the Day Care program and in September she entered Kindergarten class in her home school system. After a few months, Tonya joined her twin brother in the first grade and according to her parents and teachers has adjusted well and continues to progress remarkably well.

SECTION 6

SAMPLE UTILIZATION DATA

PROGRAM YEAR 1976

1. Over 5,600 different people received Comprehensive Child Development services.
2. *Child Health program.*
   a. Over 3,000 different children served.
   b. 1,290 physical examinations performed.
   c. 3,997 visits for sick child diagnosis and treatment.
   d. 3,205 laboratory procedures performed.
   e. 1,372 children received immunizations.
   f. 4,760 units of medications paid for by the program.
   g. 209 visits to such medical specialists as neurologists, allergists, Ear-Nose-Throat, etc.
3. *Day Care Program.*
   a. 333 different children served.
   b. 30,214 days of child care.
4. *Interagency Referrals Processed:* 1,973.
5. *Hearing and Speech Services.*
   a. 825 speech screenings.
   b. 1,351 hearing screenings.
   c. 7,349 units of therapy.
6. *Perry County Prenatal Program:* 62 high risk mothers served.
7. *Women Infant Children Nutrition Program:* 1,386 different people served.

SECTION 7

CONTINUED SUPPORT FOR AN EXISTING SERVICE DELIVERY SYSTEM

A. Raphael study

During April 1976, Dr. Betty Raphael, Resident in Medical Dietetics at Ohio State University conducted a nutrition survey among the families using the Child Development Child Health Clinic. Analysis of the randomly selected medical charts used in this study caused Dr. Raphael to conclude the following:

1. At their initial visit to the Child Health Clinic, over 25% of the children between six months and two years of age had hemoglobin values less than or equal to 11.0 milligrams per cent. Many of these children were diagnosed as having iron deficiency anemia and treated accordingly.

2. Before 1970, very few of the mothers surveyed had received any prenatal care. However, since prenatal clinics have been established in the area (1973), a significantly greater number of mothers have been able to obtain health guidance and necessary medical care. Many of the mothers, moreover, demonstrated risk factors (e.g., teenage pregnancy, history of reproductive problems, etc.) associated with a poor outcome of pregnancy including stillbirth, neonatal death, and developmental disabilities among the children.

3. Based on the families interviewed, the researcher concluded that many families using the Clinic needed more education in the areas of nutrition and economical food purchasing. Education would be a means to prevent many of the health problems that were observed.

In summary, these three problem areas have been addressed through the Child Development sponsored medical clinics. Many people are now in the system and receive services designed to prevent medical problems as well as services to ameliorate diagnosed problems. Given then that the delivery system is in place, and it is being abundantly utilized, elimination of that system will not eliminate the problems currently addressed by that system.

1. Heredity: The Appalachian foothill culture of this region is characterized by a much higher incidence of recessive hereditary hearing loss than would be typically found in the population at large. Analysis of family patterns of speech and disability also suggests a strong hereditary factor.

2. Climate: Local physicians claim that the climate of this region accounts for a high incidence of upper respiratory conditions and concommitant conductive hearing loss found in this area. Clinical experience verifies the presence of a high incidence of persistent conductive hearing loss, especially in children before the age of three.

3. Poverty: A large percentage of the poor population places lower priority on health prevention practices, good nutrition, professional appointments and general health practices than the middle class and even the urban poor. The isolated nature of many of the small towns spawns a tendency on the part of the population to accept standards of health that wealthier small town or more urban areas would find unacceptable. The direct and indirect features of poverty tend to result in an unusually high incidence of hearing loss and speech and language disorders.

Historically many individuals in this region with communication disorders have gone without help because: a. the incidence is so high in the population at large that there is a tendency to accept the disabilities, b. many people with significant disorders do not realize that they or their children have a problem, c. many do not realize that they can be helped, and d. help is expensive.

SECTION 8

AREA CENSUS DATA

	Male	Female
Athens (total population, 54,889):		
Under 1	404	409
1 yr	382	400
2 yr	346	344
3 yr	363	317
4 yr	402	361
5 yr	394	358
6 yr	350	411
Hocking (total population, 20,322):		
Under 1	182	176
1 yr	188	172
2 yr	167	160
3 yr	202	190
4 yr	206	186
5 yr	179	192
6 yr	225	192
Perry (total population, 27,434):		
Under 1	234	239
1 yr	249	252
2 yr	269	223
3 yr	254	285
4 yr		

MAY 16, 1977.

President JIMMY CARTER,
White House,
Washington, D.C.

DEAR PRESIDENT CARTER: I am writing to you in hopes that you may be able to help. *We really need it!*

I am Director of the Guernsey County Day Care Center in Cambridge, Ohio. We are a full-day learning center for preschool children. The Center was opened in January of 1973 with monies from the Appalachian Regional Commission. As I am sure you know, ARC is not allowed to fund programs for more than a five year period. As of January, 1978, we no longer have any money to stay open. The amount of state and local money available is not enough to continue our program.

We serve thirty children in a county of 3,051 children ages zero to five years. Eighteen and four tenths percent of the children in the county are from low income families. Our county has a per capita income of $2,424 which is considerably less than the national average of $5,040. Fifty-six percent of the low income families in Guernsey County are classified as having a deficient diet. Only 42.8 percent of the females and 49.3 percent of the males have graduated from High School. The unemployment rate in 1969 was 4.6 percent, in 1976 it was 8.6 percent, now it is between 11 and 12 percent. Because we are from an underprivileged area, our matching funds have been hard to get. Now that our money is running out, our only hope is federal legislation.

The center has provided a great service to our children and our community. In the last year alone, we have seen that: 52 children have received physical exams, as well as speech, hearing, vision and developmental screening; 46 children have received the TB test; 15 children have received needed immunizations; 6 children have been referred for psychological screening; 4 cases have been referred to the Childrens Services Board and 9,262 meals, including breakfast and lunch, have been served.

Here are just a few examples of the situations we have dealt with in the program.

We have a five year old child who was quiet and would not respond. When she finally responded, she had severe behaviors such as hitting, kicking, and biting the teachers. We have been working with her this year. She now volunteers information and when mad is able to control herself. She never would have been able to stay in kindergarten with her behavior problem. Now we all feel she will do well when she starts in the fall.

We have three children who have severe speech problems. We have been able to arrange for the County Speech Therapist to come to the center to give these children therapy they otherwise would not have received.

We have a child that is legally classified as blind because he sees everything double. He is only three years old. He was referred to us from the Bureau of Services for the Blind. They felt he needed to be in an environment where more learning could take place because there was a problem at the home. He has done very well with us; he is beginning to use scissors, is being toilet trained and has learned to eat with silverware.

We have a four year old child whose mother was unable to handle her and asked that she be enrolled in the center. We have had a problem with her, but she has started to listen. Her mother has told us that she is able to deal with her now because there has been such a change.

We have had to report a number of families to the Children's Services Board for help. One boy came to school with his face badly beaten. Since then the family has gone to the Parent Education group for counseling and there have been no more problems. The Parent Education Program is also losing it's ARC funds. A four year old girl came to school with repeated bruises. The mother was spoken to about the bruises, but it continued. A case worker from the Childrens Services has been working with the family since that time. I imagine what could have happened had these situations not been detected!

We had a desperate mother come into the center and tell us that: "if someone didn't take her kid she might kill him." We talked with her and enrolled her child immediately. That parent is now one of our most active parent members. Her child is happy and is doing well. She often tells us she doesn't know what she would have done if we had not been there when she needed someone.

We have 13 families whose parents work. Because our fees are based on a sliding scale, these families are able to live more comfortably. The mothers are able to work and know that their children are well cared for. One family in particular comes to mind. Her husband left the family when the youngest child was a baby. She was then sole supporter of three children. She went to work, but could not afford a babysitter. The grandmother helped for a while, but was unable to continue. Her youngest child has come to Day Care for three years. There is no fee paid and the family is getting along very well.

Our program is not the only one in Guernsey County that is being affected by the loss of the ARC funds. The Child Health Clinic are also losing their money. These clinics provide physical exams, shots, medical care and special clinics. All of our children can receive free medical exams including blood test, urine test and TB test from this clinic. It is through one of these exams that a three year old boy at our center was discovered to have an orthopedic problem. His leg bone is not joined properly at his hip. He has now gone to see specialists and will be getting a brace.

If this had not been detected early this child could have been crippled for life.

It is only with your help that our program can continue. We are hoping that some Federal Legislation will begin to pick up the Appalachian programs which have proven their use but will now have to end!

Please, Mr. President, can't you help our children?

I will be in Washington, D.C. May 18th, 19th, and 20th to meet wth Ohio's Representatives. I would appreciate it if I could speak with you or a member of your staff at that time.

Sincerely,

KATHY PADFIELD.

SERVE OUR CHILDREN INFORMATION SHEET

After October 1, 1977 many Patients in Appalachia may not be able to receive adequate Child Development Services.

A.R.C. Funding was begun with GMN Tri-County Family Planning 5 years ago, and contributed to Maternal Health by reducing infant mortality, prematurity, and illegitimacy in Guernsey, Noble, and Monroe Counties through education and services provided by the Family Planning Programs. The Family Planning program has also contributed to the reduction in the number of mental retardations which occur frequently after a "desired" family size has been achieved.

Women in Guernsey, Noble and Monroe Counties were given the opportunity of voluntary choice to have the freedom to decide in the spacing and limitation of family size.

A.R.C. Funding has attributed to the continuation to develop and implement a patient, oriented program capable of identifying, contracting, educating and offering Family Planning information to women considered as "high risk"; i.e., the immediate post partum, and those women because of certain circumstances will not or cannot afford to seek Family Planning advice from private physicians.

To date 4,686 Patients are being served annually by the GMN Tri-County Family Planning. The A.R.C. Funding has assisted the Program to continue with an extensive educational program on the one to one basis to eliminate fears, increase motivation and create more positive attitudes toward preventive Health.

SERVE OUR CHILDREN INFORMATION SHEET

UNITED WAY DAY CARE CENTERS

MAY 1977.

The United Way Day Care Centers of Tuscarawas County have three sites, Dennison, Dover and Newcomerstown, the centers were opened in March, 1973, and have had as their primary source of funding a grant from the Appalachian Regional Commission.

The program is a comprehensive day care center providing a safe environment, a nutritionally balanced lunch and two supplements daily. It also provides a time for rest and an educational program. The curriculum encourages cognitive, physical and social development for children ages three to five.

Many children have been referred to this program by health facilities, social workers, doctors and school psychologists for developmental day care. Others are referred for protective reasons to prevent or alleviate a situation where child abuse is a factor.

To date, the centers have cared for 359 children representing approximately 350 families. Employment has been given to 53 persons since opening.

The funding from the Appalachian Regional Commission has decreased annually and at the present time it stands at 48.4% of our budget, which is a sizable portion. Other funding sources are the United Way, Title XX, private fees and reimbursement from the United States Department of Agriculture. All of the aforementioned certainly help, but in no way reach to 48.4%.

After December 1977, the funding from the Appalachian Regional Commission will be discontinued. A.R.C. is not allowed to fund programs for more than 5 years. This leaves the programs such as ours facing the possibility of closing. The major problem involved with our closing would be the welfare of the children. The great majority of our mothers are employed and would be confronted with finding reliable babysitters. Studies show that this is a problem of some magnitude.

Our day care center is the only one in the county which has a contract with the welfare department under Title XX. The regulations which must be met are very rigid and because of staffing ratios also costly. The need for centers with Title XX contracts is vital to low income families as well as those with special problems such as child abuse or situations where the environment is unsatisfactory.

I believe the need for legislation to assist the child development agencies whose A.R.C. funding has been discontinued is of the greatest importance. Children are still our most vital resource, and are surely worthy of the time and money invested in them. For this reason I respectfully request consideration for the agencies and their children.

VIRGINIA L. HAZARD,
Project Director.

HARRISON COUNTY GENERAL HEALTH DISTRICT,
Cadiz, Ohio.

SERVE OUR CHILDREN

1. After October 1977 Harrison County Children will not be receiving adequate child health services.

a. Our Child Development Program ended October 31st, 1976, but we had some extra money given by the County Commissioners to continue the Program till this fall. Our Program had been funded by A.R.C. for five years.

b. Child Health Services are normally available to the general public at no cost.

c. We do not receive any State money and the local money available for child health care is not enough to operate and continue serving children of low income families. Federal funding must be made available to keep these programs going.

2. The Child Development Programs.

a. Jobs in the Health Department were created by the existence of Child Development Programs.

b. 7,048 children under six years of age have received services through our program.

3. The loss of this program will affect many in Harrison County.

a. The presence of the Child Development has helped to insure that many children can grow up healthy and developmentally sound.

GUERNSEY COUNTY GENERAL HEALTH DISTRICT,
Cambridge, Ohio, April 26, 1977.

HON. DOUGLAS APPLEGATE,
Member of Congress, 18th Congressional District of Ohio, 1039 Longworth House Office Building, Washington, D.C.

DEAR CONGRESSMAN APPLEGATE: Thank you for your letter of April 18th regarding the Local Public Works Program. We are hopeful when it is passed that our proposed addition to the Health Department will be funded and Primary Health Care can be extended to the 35 percent of our county population who now receive little or no medical care under the present system. A system of "Open Door Clinics" in each county would not only take care of these people but could hold off a national health insurance program which would be very expensive and often non-productive.

We would appreciate your support of legislation which would provide for continuation of funding of Child Development projects. All of the projects in your counties were funded for five years but many have now been terminated or are about to be terminated. Ours ended November 1, 1976, but we are still continuing with the projects with monies we had accumulated. Without outside financial help it is doubtful if it can be extended past the end of this year.

In the 1975 ARC Annual Report more than 125,000 Appalachian children under age six were served. In the five years of operation in our county 6,800 children under six were seen. This represents 80 percent of the children of that age in the county.

Currently there are a great number of these programs that have either passed the five year mark or are facing that point in the very near future. Each one of these programs has solidly demonstrated their viability and effectiveness since this is a yearly requirement by Appalachian Regional Commission for continued support during the five year granting period. In addition, each one of these Child Development Programs has demonstrated an ability to achieve some measure of self support since the Appalachian Regional Commission gradually reduces the amount of support it gives to projects during the period that the Commission is allowed to provide funds. Unfortunately, the current economy of the Appalachian region is such that the likelihood of a project achieving full self sufficiency and continuing to serve low income families is very slim.

The significant reduction or termination of Child Development services in Appalachia will not only have a serious negative impact on the lives of low income families but will affect the economy of the areas in which these projects are located. The continued operation of these programs means that large numbers of people will continue to be employed, thus helping to hold down an already high unemployment rate. The existence of Child Development programs has created over 5,100 jobs throughout the Appalachian region. Most of these jobs are in rural areas and in labor-intensive human service fields. In addition, another 5,000 parents have been able to work or enter job training because of the availability of quality child care services.

The results were remarkable. Fifty-three percent were found to have some defect ranging from valvular heart lesions to dental caries. These were all referred to the proper source for correction.

Our project also had a pre-natal component where we rendered complete prenatal care and paid for delivery and some of the hospital costs on fifty indigent mothers each year. The neo-natal death rate in Guernsey County at the start of this program in Guernsey County was 26.9. The death rate in the last year (1976) was 8. Not all of this can be credited to this program but we believe it was a big factor. We are continuing with this and have 90 new OB cases registered in the last six months.

Many of the counties of Southeastern Ohio and I believe all in your district plus counties from West Virginia have organized a Serve the Children Crusade. They all had Child Development programs. We are requesting your support of this crusade in every way possible.

We appreciate your interest and involvement in our problems.

Sincerely yours,

M. C. McCUSKEY, M.D.,
Health Commissioner.

OMEGA CHILD DEVELOPMENT, UNITS OF BASIC SERVICES FROM APR. 1, 1973, TO DEC. 31, 1975 (11 PROGRAM QUARTERS)

Service type	Coshocton	Guernsey	Harrison	Holmes	Jefferson	Muskingum	Tuscarawas	Grand total
Physicals	3, 352	[1]13, 932	1, 223	2, 257	3, 567	6, 871	16, 805	48, 007
Speech	516	1, 864	796	2, 094	2, 336	39	4, 895	12, 540
Hearing	1, 229	1, 995	810	2, 266	2, 165	6	4, 531	13, 002
Vision	1, 109	1, 702	851	2, 090	2, 328	694	4, 626	13, 400
Denver DST	1, 855	4, 849	696	2, 100	386	5, 951	8, 940	24, 777
Hemo/hemat	1, 690	[1]9, 853	876	1, 902	2, 742	3, 866	12, 501	33, 430
Urinalysis	965	[1]7, 908	493	1, 730	1, 349	26	5, 565	18, 036
PKU	54	691	76	13			1, 511	2, 345
Serology		[1]5, 751					76	5, 827
Pap smear		[1]6, 088					56	6, 144
Immunizations	5, 489	7, 567	1, 099	2, 234	3, 003	19, 456	14, 944	53, 792
Food supplements	90	3, 398	1	660			11, 590	15, 739
Nutrition and education counseling	4, 689	8, 402	9, 151	752	8, 288	2, 495	72, 196	105, 973
Parent education		[2]239						239
Day care/preschool	[2]84	[2]99		[2]1, 535	[2]76		[2]262	2, 056
Referrals	143	5, 771	527	632	711	1, 986	3, 495	13, 265
Prenatal clinics		298					1, 173	1, 471
Other tests/services	2, 042	11, 801	1, 762	1, 173	5, 874	6, 828	71, 021	100, 474
County total	23, 307	92, 208	18, 361	21, 438	32, 798	48, 218	234, 187	

[1] Includes family planning statistics for Noble and Monroe Counties also.

[2] These figures represent the total number of parents and/or children enrolled in these programs.

EXHIBIT V

THREE LETTERS REGARDING AN ATTEMPT TO SECURE A TITLE XX DAY CARE CONTRACT

SHARON M. CARNES, DIRECTOR,
GUERNSEY COUNTY DAY CARE,
Cambridge, Ohio.

Dear : As I am certain that you are now aware, Guernsey County is on the verge of suffering a tragic loss to the community by discontinuing the County's Child Development programs which have been funded for the past five years from monies received through the Appalachian Regional Commission. As you now realize, ARC is not permitted to fund programs for more than a five year period. Since assuming the Directorship on June 27, 1977, I have engaged in a desperate search for alternative funding. This search brought me back time and again to Title XX. I believe an answer to the pending disastrous loss of Appalachian Ohio's child development program can be found with the cooperation o fthe Ohio Department of Public Welfare and its investment of Title XX monies.

Hew informed me that administrative control for Title XX rests with the State. As such, Ohio has the opportunity to assure the continuation of Southeastern Ohio's child development program.

So, after 13 phone calls and more than a three week wait, I was finally able to secure an appointment with Mr. Robert Gesner, the director of the Guernsey County Welfare Department. Our discussion led to his verbalizing his discontent with Title XX reimbursement procedures presently utilized. Mr. Cesner stated that there is no doubt in his mind that our Day Care Center provides an absolutely essential service to the county, and that he would definitely sign a Title XX contract with us if we could secure permission for our program to be directly funded through the Guernsey County Auditor as are the *only* other Title XX contracts the Guernsey County Welfare Department has or has ever had—Children's Services and Family Planning.

We are willing to do anything necessary to secure this direct funding. Our children in Guernsey County are in desperate need of this service, even Mrs. McVicker of the local Welfare department concurs in this assessment of our program.

I am deeply concerned, and I realize that you share my concern or would not be in your position. Therefore, I would like to pleadingly urge you to work with us to correct this potentially devasting loss of a very effective program. As Mr. Cesner stated, this money for Day Care funding is most assuredly available, but he will not sign a contract unless the program is funded directly so that he will not have to bear the financial responsibility of the program. Please help us. We desperately need your assistance.

I may be reached at my office 614-439-3493 or at my home anytime 614-432-7007.

With Sincere Regards,

Sharon M. Carnes.

Ohio Department of Public Welfare,
Columbus, Ohio, August 8, 1977.

Sharon M. Carnes,
Director, Guernsey County Day Care,
Cambridge, Ohio

Dear Mrs. Carnes: The Guernsey County Welfare Department is charged with the responsibility for negotiating Title XX contracts. Although the county department may prefer to write "direct pay" contracts, it still maintains the fiscal and program responsibility for such contracts. If the contract is paid direct by the state welfare department, this simply means that the county department is free from the responsibility of maintaining the cash flow.

The limitation to writing "direct pay" contracts is the fact that the Ohio Department of Public Welfare may make such payments only to the county treasurer, which necessitates that the provider be under the budgetary and administrative control of the county government. If Guernsey County Day Care could operate as a county agency, then direct payment of the contract would be possible.

Sincerely,

Kenneth B. Creasy,
Director, Ohio Department of Public Welfare.

Ohio Department of Public Welfare,
Columbus, Ohio, August 29, 1977.

Ms. Sharon M. Carnes,
Director, Guernsey County Day Care,
Cambridge, Ohio.

Dear Ms. Carnes: We regret the delay in answering your letter. We are sending you a copy of our reply to Congressman Miller.

We hope that the information will be helpful.

Sincerely,

Kenneth B. Creasy, *Director.*

Enclosure.

Ohio Department of Public Welfare,
Columbus, Ohio, August 29, 1977.

Hon. Clarence E. Miller,
Member, Congres of the United States, House of Representatives, Tenth District, Ohio, Rayburn Building, Room 2246, Washington, D.C.

Dear Congressman Miller: The Department, the Southeastern Ohio County Welfare Departments, and the Appalachian Regional Commission (ARC) child development programs have been working together for approximately five years with the knowledge that the ARC program's funding was time limited. The county welfare departments have pruchased such services as day care, developmental services for children and youth, and home management from the ARC program. For this reason, we do not anticipate a withdrawal of cooperation or support where such programs have become viable parts of the community. In fact, we expect that these agencies, as well as other related services agencies (i.e. county and city health departments, public school systems, etc.), will work to continue the complement by each assuming their appropriate roles.

We have learned a great deal over the years relative to services prioritizing, funds allocation, and services contracting. Being a state supervised/county administered system we know the importance of county impact and cooperation to assure optimum participation in social services. Since November 1969, Ohio has had a special appropriation for employment and training related child care. This appropriation enables statewide provision of day care so the parent or caretaker need not forfeit employment for training for lack of child care. Reimbursement to the day care provider when the state day care subsidy provides the local share is one hundred percent.

The allocation of funds has also been a changing process. Initially, as you indicate in your letter, the funds were concentrated for obvious reasons in the major metropolitan areas of Ohio. However, as more programs have developed throughout the state, the Department has adjusted the allocation formula to reflect a more equitable distribution based on usage and need. In fact, with the '78 fiscal year the Department began to base the allocation valuations on a formula that takes into account the county per capita population and actual and estimated expenditures. By doing this, funds that were initially centered in the major metrooplitan areas have been distributed among other counties. For example, Franklin County alone received approximately two million dollars for purchase less than in fiscal year '77.

The Federal Title XX regulations (45 CFR 228.25) permit services planning by geographic area. In Ohio each county is a geographic area who prepares annually its plan for social services. The final plan is a product of community participation and reflects the needs and resources of the geographic area. Contracting is a method by which services may be provided and as a part of the planning process is accomplished on a geographic basis. Our contact exhibits are designed to accommodate the unique needs of each area. Yearly renegotiation of all social services contracts has always been encouraged by the Department. Recent Departmental on site reviews of social services contracts have served to reinforce the position around encouraging annual contract updates. We have found that where annual renegotiations have not occurred, compliance with the federal purchase requirements (45 CFR 228.70, 228.71) is questionable. We must at minimum be able to assure to HEW that the service program is allowable under the current state plan, that service and eligibility categories are current, that costs are reasonable and necessary, that state licensure and/or federal requirements are current, and that appropriate programmatic and financial documentation is maintained. Our goal certainly is to expend the federal Title XX dollars available to Ohio, but to expend them so Ohio does not suffer deferrals due to noncompliance or inappropriate expenditures.

I do hope your concerns have been addressed. Please be assured, the Department is cognizant of the ARC program needs and that we support and encourage Title XX participation where programmatically possible.

Sincerely,

KENNETH B. CREASY, *Director*.

EXHIBIT VI

TWO LETTERS WRITTEN IN RESPONSE TO ATTEMPTS TO ACCESS HEAD START FUNDING

DEPARTMENT OF HEALTH,
EDUCATION, AND WELFARE,
OFFICE OF THE SECRETARY,
Washington, D.C., August 11, 1977.

MS. SHARON M. CARNES,
Director, Guernsey County Day Care Center, 500 South Seventh Street, Cambridge, Ohio.

DEAR MS. CARNES: Mr. James B. Kenin, Assistant to the Deputy Under Secretary has referred your letter to Dr. Swift to me for response.

As you may be aware, the Head Start program now serves approximately 15 percent–18 percent of the children eligible for the program. The program by its legislative mandate is limited to children whose family income basically fall below poverty guidelines.

We are hopeful that there will be an increase provided to Head Start in the near future. We have not fully developed guidelines for distribution of the funds. A key element will be the number of unserved poor children in a State. We fully expect that funds will be available in Ohio to serve additional children. The exact criteria will still need to be developed. We would expect this to occur during the next 90 days.

Ohio is within HEW-Region V. I have asked Mr. Hilton Baines, Acting Head of the Children, Youth and Family Unit to contact you when guidelines are developed so that you will be aware of the possibility and process for receiving Head Start funding.

Sincerely,

Dr. Blandina Cardenas,
Commissioner, Administration for Children, Youth and Families.

Department of Health, Education, and Welfare,
Chicago, Ill., August 19, 1977.

Ms. Sharon Carnes,
Director, Guernsey County Day Care Center, 500 South Seventh Street, Cambridge, Ohio.

Dear Ms. Carnes: This letter is in response to your correspondence regarding the use of Head Start funds to sustain Appalachian Child Development programs. Currently Head Start operates programs that provide comprehensive child development services to income eligible children ages 3-5 and their families. Title XX, through state allocations, is responsible for day care services. Policy concerning the amount and distribution of Head Start's additional appropriation is still being formulated. The concerns expressed by residents of the Southeastern Ohio region will be included in the considerations and factors determining the use of these new funds. However, at this time we can make no firm commitment regarding new grantees or specific area fund allocations.

Your concern for the children and families of Guernsey County is appreciated. We will continue to provide Head Start services in your area through the Guernsey-Monroe-Noble Tri-County Community Action Agency.

Thank you for bringing this information to our attention.

Sincerely,

Hilton G. R. Baines,
Acting Head, Children, Youth and Family Unit.

Mrs. Wallace. Thank you. Ladies and gentlemen, I am Julia Wallace, and I am director of child development programs for the Ohio Mid-Eastern Governments Association, which is a local development district of Appalachia. I have been with this program since 1971. And I want to thank you very sincerely for listening to what we have to say today.

This representative group from Ohio would like to talk about five specific details of this bill and how we think it would help the child development program, and the panel will be available for any questions you may have.

The issues that we are speaking to—why there is a problem with the child development programs, what the problem is, is the problem worth solving, what the alternatives are—we have heard of many alternative sources of legislation here this morning; we would like to speak to our efforts in obtaining those sources of funds; and then we would like to speak to how we feel a 2-year extension would serve to continue these programs and help them to become self-sufficient.

I would like to briefly give you just a little background of what the program is we are talking about.

We are talking about a service to families in Appalachia, a 13-State region, a family unit that is basically strong, but due to the conditions of the area—and unemployment, intermittent employment, and underemployment—because it is the underemployment that I am particularly concerned with—has caused undue hardship and stress on the families of the region. Specifically, now, 1.8 million children live in this region, and 350,000 of them live in families with incomes below the poverty level. We are not only concerned with that 19 percent; we are concerned with the children whose families make maybe $8 a month more than required to meet other Federal guidelines.

As you are probably aware, problems of malnutrition, lack of pre- and postnatal care, lack of preschool education, limited day care facilities, and a high infant mortality have plagued this region. There are a few services available, but then transportation is a problem because of the sparse population.

We find many families have more than one problem and they often become entangled in a variety of agencies that offer assistance. The Appalachian States offer child development programs that incorporate a multidisciplinary single-entry approach to providing child care, health care, educational opportunities, within the family structure.

The Appalachian Regional Commission's programs have facilitative linkages of existing services and agencies as well as adding services to complement those that are available.

As you have already heard today, a major goal of the ARC has been to leverage existing Federal programs to meet the needs of the region. The region is striking in its diversity. Therefore, the child development programs have been flexible and varied. There are at least 20 different kinds of child development programs. Emphasis has been placed on innovative services and delivery mechanisms that respond to this diversity.

Traffic across State lines link private and public agencies, such as various kinds of administration and experience, with alternate service providers. Emphasis has also been placed on prevention of health and education problems as well as the amelioration of these problems.

A very significant additional benefit has been the employment and training of over 8,000 persons in the service delivery system, and enabling thousands of parents to accept employment. These services are designed to support the Appalachia family and to deal with their special problems.

The climate in 1970 was that legislation for a national program of child development appeared imminent. The Appalachia Regional Commission was very interested in starting a demonstration that would prove that this type of program could succeed. It was initially a laboratory program, and this idea was definitely carried out, as is demonstrated in the variety of programs that we have.

The program has responded to local needs as expressed by local citizens. And this is one of the very unique features of the program, and I think it is its main strength.

As you know, the anticipated broad national effort never materialized, and gradually as hope for this national effort to assist families with young children faded, the responsibility of continuation of services shifted to individual local programs. These programs did not have local or State capability to continue a complex delivery system, and, by definition, Appalachian areas have limited financial resources and scarcity of human services.

In addition, the diversity of the program and the eligibility of clients made it impossible for all programs to comply or qualify for other Federal funds.

A major problem that surfaced was that the program success during the 5 years of demonstration improved conditions in some counties to the point that they are no longer qualified for existing Federal funds. This was particularly true in the health field where the increase in manpower and consistently lower infant mortality rate, as a result of the program, prevented us from being eligible for continuation funds under HEW.

Mr. Harter will continue to discuss the program in detail.

Mr. HARTER. I would like to vary a little bit from the written testimony and just highlight the testimony and discuss a certain group of individual items in the written testimony. I'll try to follow along the same format and won't be reading it word for word.

To start with, I'll be discussing the next two issues, what is the problem, trying to define it in terms of the relationship to local programing southeastern Ohio and then perhaps branching out a little bit and making some inferences to other areas besides southeastern Ohio.

Second, there is a major question, is the problem worth solving. I would like to discuss with you a few impact indicators that would give us some idea as to the value of the program and its impact on the children in the Appalachian area.

To start with, what is the problem? We see this problem as being multifaceted. Mrs. Wallace just mentioned the fact that a broad national effort was anticipated a number of years ago. The Appalachian child development programs were placed in a laboratory setting in Appalachia with the intent, we understand and verified by past Federal Cochairman Whitehead's letters to Congressman Miller and I refer you to exhibit 1 for that letter if you haven't had a chance to look at it yet, that in this laboratory setting the programs would have an opportunity to test out models. If those models were successful there was a possibility of moving those models across the country in a national system of child development services.

When that didn't happen, when the legislation didn't occur, we became very well versed in the fact that the problem was placed back on local program operators to solve. That is, we had to come up with funding which would make us independent, not self-sufficient, but independent of ARC funding.

There are a few gaps in existing categorical programs. We start with the health services. There are title XIX resources to pay for services to welfare children, children on welfare rolls who have medicaid cards. There are, however, very limited resources available to pay for health services, and that's preventive health services as well as acute care services, to the low-income working poor population of the area.

Our original target population—and we meant to serve the general population but our original objectives also focused in on the working poor population. In our own program we had 3,000 children last year in our child health program. Twelve hundred of those kids either came from families where those families could afford to pay for their own medical care or they came through families which had medicaid cards. The other 1,800 kids, their services were paid for with Appalachian Regional Commission funds.

There is no other program to pick up the cost of the services to that working poor population at this point. Title XX was discussed this morning as a possible replacement for ARC. Title XX, at least in our States the interpretation of the Title XX program does not pay for

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direct medical services so we have a segment of the population that is excluded from the system on the basis of their inability to pay for the service.

In our own program, as of September 30 with the expiration of the ARC funds, 900 children have to be removed from our private referral system because those children were receiving services from private physicians that were paid for almost exclusively with ARC funds.

A second—this was a subject also discussed earlier—gap in the funding resources that we currently have available through HEW, USDA, and so forth, is in system support. When ARC started the child development programs and Governor Scott alluded to these same ideas this morning, there was an attempt at establishing service delivery systems rather than discrete service entities.

Now, systems involved a number of outcomes that were supposed to be achieved and, I think, in many cases very successfully achieved. The first one is the establishment of linkages between existing community child-oriented service programs and the child development programs in order to prevent costly duplication and fragmentation services. In short, the system was designed to get the agencies to communicate with each other to establish interdisciplinary programs. That is, if in the community there already was a program that served children in medical ways then the child development services were supposed to link in to that existing service.

So that establishing linkages then would be an outcome of a system. Second, establishment of effective referral mechanisms in order to insure that children who require services from a multiplicity of resources would, in fact, receive those services. When we first started out there were eight agencies involved in our Hocking-Athens-Perry comprehensive child development program. Today, we have over 40 agencies participating in the interagency referral system, so we've attempted to build a system that would enable a child coming into any single portal of entry into the program to move from that portal of entry into any other service component that the child needed.

A third type of systems outcome that we were looking toward was establishment of techniques for effectively evaluating the quality of services rendered by the child development programs.

That monitoring capability, that establishment of quality control has occurred. However, there is no funding resource at the moment to pick up the cost of sustaining that overall system. What I see anyway as a program operator after 5 years is that without the systems support what we're going to return to is a fragmented, unmonitored, uncoordinated attempt to solve complex problems of the preschool population in our area.

We've had the ability, through ARC in the past 5 years and in our own community, to put together a viable system and to eliminate some of that fragmentation, and duplication, and lack of coordination. But that's going to go by the wayside because our system is primarily funded with the Appalachian Regional Commission moneys.

A third major area where there's a gap currently, at least in southeastern Ohio, is in matching resources for such programs as title XX. Our day care special needs children, and we have anywhere from 70 to 90 children out of 200 served each month who are special needs children; that is, children who need to have the services of a speech therapist, physical therapist, a counselor; these people are all brought into a system and they prepare individualized program plans for the children in the day care program.

Those individualized programs and the actual cost for caring for the children in the center in implementing those programs is only reimbursed on a 70-percent basis in our State. There has to be a 30-percent match from someplace. We've been using Appalachian Regional Commission funds for that 30-percent match. Hearing, language, and speech services, the same way. We do have a very strong hearing, speech, and language component in our special needs day care program.

Mr. Roe. Which is 70 percent of HEW money?

Mr. Harter. Yes.

Transportation—we are providing transportation services to a number of children in special needs day care, the children who go to medical clinics and the children who go to the hearing and speech clinics. Their transportation is provided through a contract with our local community mental health and mental retardation board. Again, 70 percent of that money is paid by title XX. We have a contract also to use local levy money and mental health subsidy money to match the title XX money, but it's not in sufficient volume to provide us the overall match for an entire year for the transportation services.

There is a fourth major area and it has to do with operating capital. Most of our funding resources are after-the-fact resources. We provide the service to the child in the medical clinic; the parents pay the cost of that service after the service has been rendered. More often than not, we provide a service to a medicaid child, a child on welfare, and it takes a goodly number of days for the money to come back into our pocket.

In our title XX programs, day care, family counseling, transportation, and so forth, we feel that we've made significant inroads into the system in our State. It used to be sometimes 6 months before reimbursement was made. We're now in a position in at least two of our three counties where it's reasonable to expect it will be reimbursed within 45 to 60 days after billing.

In any event, somebody has to pay the personnel to deliver the service. If the money is coming in on a reimbursement basis then the money is after the fact. We need some kind of front-end mechanism to be able to provide the service to be eligible for the funding. ARC, again, with its flexibility has been there so that we could pay the cost of operations and then afford to wait the necessary or unnecessary period of time until our reimbursements come in.

You might ask what have you done knowing that from about the third year on you're not going to get money to pay for low-income kids to receive medical services from ARC, you're not going to have ARC money for matching title XX, you're not going to have ARC money to pay for your systems support. So, we went out on a diligent campaign. I believe, and we included in exhibit 2 a whole list of the places that we get money from, places that we used to get money from and we don't anymore, places that we tried to get money from and were turned away, and a fourth category, we've even attempted to start new programs based on the old concepts in order to keep at least the philosophy of the programs in place.

Under B, these attempts are just general categories here and in the exhibit these general categories are more specifically broken down. There are two such lists of attempts to get resources. One is from Omega. One is from the Hocking-Athens-Perry area. They are given to you just as examples.

We haven't been sitting on our thumbs for the past 3 or 4 years waiting for the time bomb to explode. We have attempted to identify other resources to pick up for ARC. We have been successful in many cases. It's not that our whole program is funded with ARC money. It's not. But that ARC money is critical for the four reasons that I mentioned before.

I hesitate to get into this other area as I'm not an expert on it. All I'm working from is an awareness of some of the other State's problems through discussion with other State operators or other local operators. I expect that you'll be hearing testimony from people from Alabama, North Carolina, Mississippi, Maryland, and perhaps one or two other places today so I prefer not to discuss what their problems are and wait and let them do that themselves.

In summary, our problem defined is that the ARC money has provided us with funding to pay for services to low-income children, medical services, prevention services, and that's the big thing today—get kids immunized, make sure that they have appropriate periodic screenings so that if they have a problem, such as an inner ear infection or something, that problem is cleared up before they have a hearing loss, or if they've got something else that can be detected early on and solved before it develops into something tragic you can handle that through a good prevention program.

We don't have funding to pay for the low-income population because there isn't currently a funding resource. We have used ARC money in the past for title XX match. We have used it for operating capital and, at least from my perspective very important, we've used it for system support in the past.

The second issue is the problem of funding the child development programs worth solving. I'll just highlight some of this information that we included for you on pages 6 through 10. There are some more impact indicators in the back in the exhibits if you would like to take a look at those.

I'd like just to comment on four or five indicators on page 6 in the Ohio Mid-Eastern Governments Association District which is comprised of nine counties. The Tuscarawas County maternal and child health program had a significant impact on the community.

As you look at that chart on page 6, this has to do with assessing what happens to preschool children when they come in to school in terms of the percentage of kids receiving physical exams prior to entry, kids receiving needed immunizations prior to entry. You'll notice in 1971–72 enterers with DPT immunization comprised 37 percent of the total population of kids coming into the Tuscarawas County schools.

By 1976–77 it was up to 94 percent, a pretty good percentage. I'd like to see 100 percent there, but 94 is a whole lot better than 37. The second, enterers with polio immunization, 36 percent of them in 1971–72; 91.7 percent in 1976–77. It is a fact that this medical program for kids in Tuscarawas County has had an impact on the general health status and on the prevention program for the kids in Tuscarawas County.

You might look also a couple of paragraphs down, one paragraph down at infant mortality. There was a big objective in ARC's commitment to begin with to reduce the infant mortality and neonatal death rates in Appalachia. In Tuscarawas County you go from a rate in 1968 of 39.7 per thousand live births; in 1972 that maternal child health program was implemented. In 1975, you have an infant mortality rate of 15.8 percent as compared to the 39.7 percent prior to the implementation of the program, again, a significant gain.

There is another factor here which has to do with economic impact. Not only does the program have an impact on the children and their general medical health, the program has an economic impact on the community. Twenty-eight local residents have been employed in the program. There was a reduction in funding. They ended up in February with 8 part-time employees from the original 28.

One of the sad parts of losing those people is that a number of them were trained with ARC money to be family nurse practitioners, nurse associates—people who lived in the community and advanced through training and were able to serve the community more effectively through their training.

No jobs—I imagine these people move on to other areas and go into something else where they can make a living. We create adequate medical professionals in the area. close down the program and reduce it dramatically and you end up with a drain on the medical manpower resources in the area.

Someone asked before about the impact—there are some utilization figures, impact figures for one program in Buckeye Hills-Hocking Valley Regional Development District. which is an eight county southeastern Ohio district. In the Hocking-Athens-Perry program over 5,600 different people received comprehensive child development services in 1976.

As I mentioned before, over 3,000 different children were served; physical examinations, they did 1,290 through the program; kids coming in for acute illnesses. 3,997 visits. and so on. I won't bore you with reading all those figures.

The Perry County prenatal program did serve 62 high risk mothers and high risk. as you all know. comprises a number of factors: previous medical problems. young age—teenage pregnancies—low income, nutrition risk are a number of factors that all go together to indicate that the prospective mother might have a problem. The entire population of that prenatal program is comprised of mothers with problems.

Our day care program. when we first started out we didn't feel that we were terribly sophisticated. However, we had a little money and we conducted a pilot study to see what would happen in assessing the psycholinguistic development of the children in the day care program.

We did discover in that first pilot study that of the 37 kids that were randomly selected from the total day care population that the children were gaining over 1½ months in their psycholinguistic development for each month that they were in the day care center. In comparison to the general population, they should have been gaining 1 month for each month in day care. The day care enrichment experience in language development had an impact that was significantly measurable in that first year.

One other—and I'll stop throwing out impact indicators to you—example, and I think this probably attests as much to the ARC system, the credit of the ARC system as anything, has to do with multiply handicapped children, kids who might have an orthopedic problem, language problem, behavior, emotional problem. We were able to bring together resources to impact on those problems. We don't send the child, for example, 47 miles around the county to get four different services from four different professionals who never communicate with each other so that the speech therapist is doing something contrary to the physical therapist, who is doing something contrary to the physician, who is doing something contrary to the family counselor.

We try to integrate with the services coming from all those people. We have several examples. I outlined one for you here with Tonya, which is an alias. You might look at that when you have an opportunity. I recall one incident with a child I first came across in 1973 when we first started the child development program and I had an opportunity to work with the children directly back in those days.

This child was born with an open spine. He was already exhibiting developmental delays in language acquisition. He was kind of a wild little kid. He didn't want to behave for anybody. He was in a stroller and couldn't walk. That child was in the program intermittently for 3 years. A year ago last June I attended a graduation ceremony—we do have those for kids moving from day care into kindergarten—I hadn't seen the child in a couple of years, being involved as an administrator I don't have a chance anymore to do the fun things. His name was called to come up and get his diploma and he actually ran up the steps to get his diploma. He is currently in a public school class, a regular class. He is getting some therapies on the outside but he has mainstreamed. He is going to be a productive citizen. He is not going to be a vegetable. We think that the lion's share of the credit goes to the day care people and the professionals that were able to work with that child at a very early age. That's a result of the ARC money that they were all able to work with that child.

One last item, the employment picture. Just an example in the Athens-Hocking-Perry project, we have about 110 people working in the program. Ninety four of them are paid with a combination of ARC, title XX and so on. Sixteen of those people are paid with CETA funds and foster grandparents funds. That's 110 people in a three-county area. We have about 100,000 people in that three-county area and 110 is a dent in the labor force. It's not gigantic. It's not as big as a major industry for sure but when we ran out of ARC funds we had to lay off 20 of those people for openers. We kept our doors open during the month of October in hopes that Congress would be able to do something to assist us.

Several of us are working for nothing. Several of us are paying our operational expenses, such as travel to Washington and so forth, out of our own pockets. There are a large number of people volunteering in the various programs. We have physicians who have said they will just go without being paid during the month of October in hopes that something is going to happen.

The net result of all this is that we lay off 20 people for openers; that's bad. We keep our doors open, and we're a success, I suppose, in that our doors are still open after September 30, after termination, the expiration of the ARC funds. However, those doors can only stay open as long as we have operating capital to keep them open, as long as we have matching money, and the doors can only stay open to serve the same population that we've been serving, which consists of a large number of low income kids if we have some other resources to continue to serve them. But we understand there is no such thing as a free service. Somebody has to pay for it.

Anyway, 110 people are employed. We're hoping like crazy those 110 people aren't all going to be unemployed in the near future.

In conclusion, the data suggest that the Appalachian child development program has been a success. Hundreds of thousands of kids across Appalachia have been served. jobs were created. which has an impact on the economy. and we believe thoroughly it makes good sense to figure out a way to keep those programs going.

Thank you.

Mrs. WALLACE. The next question we would like to speak to is—some of the alternatives that you heard today as possible sources of funding for these programs, and the first one, which has been mentioned several times, is social security title XX funds. Ohio got into the title IVA situation in about 1972 and during the transition changed to title XX funds with its different guidelines, and many of the Appalachia programs have accessed this money and continue to access it.

There are some major problems with title XX. In Ohio title XX does not pay for any of the health services that are part of a comprehensive child development program. In Ohio title XX funds county welfare departments to provide information, outreach, referral and followup services. Many of these departments are not equipped to deliver these services and are not inclined to deliver them to the children in the area.

The net result is that the bulk of the title XX dollars goes to a county welfare department for their administration purposes and does not assist to any great extent in sustaining the child development systems we have been talking about.

I would like to say that there is more of a problem with title XX than redtape. As I said earlier, we are concerned not with just the 19 percent of the children in Appalachia; we are concerned with what is being called recently the Appalachian child, those children who Appalachia has been paying for, from low-income families, and they just plain don't qualify for title XX.

So sorting out the title XX problems will help but it will not solve the problem that we have with the program.

Mr. HARTER. The allocation made in the State of Ohio is based on a formula. It's kind of interesting, because one of the major ingredients is population. As you know, the 28 counties of southeastern Ohio, the population is dispersed, the rural population—there are many miles between and among families. As a result, the allocations to southeastern Ohio to the Appalachian counties is very minimal.

One example—you were looking for some touchstones earlier this morning where the title XX moneys are allocated—last year, 1976–77, the title XX allocation in Ohio—over 50 percent of the total title XX allocation went to the four largest counties, so that left the other 84 counties to split up the remaining less than 50 percent of the pie. By the time that allocation got down to the county welfare departments, it was rather small.

Since Congress has passed the 94–401 legislation, or did, and hopefully is going to continue it, that has made a little more money available to our Appalachian counties. In any event, the amount of money that the welfare departments are getting allocated only represents a small part of what is actually needed in the area.

Mrs. **Wallace.** And there are some very specific problems at the local level. I have a day care center that has been trying since about 1972 to get a title XX contract, and they don't have one today—and their funding will be running out the end of December. There are county ceilings and we are told that those funds just aren't available, in this county particularly.

The second funding that has been brought up that I would like to speak to is Head Start funding. We were very excited about the new money being allocated to Head Start, and began to make telephone calls and write letters to the appropriate people. And you will find in your exhibits, exhibit 6, letters from HEW representatives, the Commissioner of the Administration of Children, Youth, and Family, Dr. Cardinez, who says that we have not fully developed guidelines for distribution of these funds, and then a similar problem is again echoed by Hilton Baines in Chicago, saying that currently Head Start operates programs that provide comprehensive child development services to income-eligible children, ages 3 to 5, and their families; title XX through State allocations is responsible for day care services. And once again we hear the statement that day care and Head Start are not interchangeable.

In the counties I work in, in many of them, the emphasis now is on half-day programs in order to enroll more children, and they will be closing down their all-day day care programs under Head Start funding.

So under current legislation and guidelines, there is no way that either one of these programs could absorb the other. One of the things that we have been doing for Head Start is helping them meet their eligibility requirements with HEW by providing health services to the Head Start children. So the programs have been supportive of one another, but I see no way that one could absorb the other.

Mr. **Harter.** And one of the factors—and it is a timing factor—Senator Metzenbaum's office staff had given us a lead into HEW to try to access that money, we discovered after numerous phone calls with numerous people—and I guess that is all part of the process, you have to get to the person to give you an answer—was that the guidelines at that time [that was in September] had not been developed and wouldn't be developed right at the moment. Once those guidelines were developed, the allocation would be made at the regional level on a competitive grant basis.

Third, the Office of Management and Budget hadn't released the money, and the bottom line apparently was that this money would not be available to us, even if we, through some stretch of the imagination, were eligible for the money, until February 1. That puts us out of business, but other people may be able to take advantage of that.

Mrs. **Wallace.** Another source of funding that we looked at is the maternal-child health funding through HEW. And what happens to this money in Ohio is that these funds subsidize four major clinics where the need is concentrated, and the programs in southeast Ohio have obtained approximately $45,000 under this program. What they do is give you an individual grant for a county health department that pays for the salary of maybe one nurse, or part of her salary, so there is no way you can continue a program with that kind of support. The funds are just simply insufficient for the need.

When all else failed, we decided to change the scope of the program to meet another Federal program—and this is when we began to look at HEW's rural health program. And a great deal of time was spent on preapplications, applications, and reapplications—and we have one grant at this time being negotiated, and the red tape there is almost equal to title XX.

What we were finding was that the guidelines for the program were in conflict with the State law in Ohio, and we have had a great deal of hassle since the 1st of May in trying to work this out, and we think we may have come to a workable solution in one program. But this is not a child development program; it is a primary health care program for all age groups. Our purpose was to try to retain some of the investment that ARC had made in training all these medical people one way or another; rather than lose them to the region completely, we would shift the program into a primary health care program.

And there is always the reluctance of any funding agency to sustain an existing program. Two years ago I talked to a group of foundations. They thought our program was tremendous, but they really wanted to start their own demonstration programs; they were not interested in taking up somebody else's demonstration, no matter how many national awards we win or no matter how successful the program is—they would like to be there to design the program themselves.

And I guess the thing that has really gotten me moving was when I called HEW and asked about my programs qualifying for HEW grants, and found out that if I would just let the manpower drain off, the infant mortality rate return to its previous high levels, then we could reapply for Federal funds and start another program.

And I know through my district almost $6 million of Appalachian funds has gone through that office, investing and training people, not only to help people, but we went out and taught people to keep books, to show county auditors what to do with Federal grants because many health departments have never had a Federal program before; they spend a great deal of time and effort in setting up the system from the ground up. It seems like a very strange way to spend Federal money, to wait until it reverts and then reapply for another Federal program.

The last thing that I would like to present is that we looked into medicaid title XIX and we do have those contracts in our program for eligible children. We have so many children who just don't quite meet the eligibility guidelines. And then there came the complication of whether we could be reimbursed for our physician extenders—and a great deal of Appalachia money has been put into training physician extenders. If we had enough physicians, we would have no problem.

And so there is some doubt that we can be reimbursed—and, of course, that is being considered here in Washington right now—whether we can be reimbursed for those pediatric nurse associates, those family nurse practitioners, and the physicians' assistants that are helping to expand the health service delivery system in our area.

So once again title XIX did not prove the path to self-sufficiency.

Your exhibit lists many other things we tried, but these were the ones that we felt were major.

The last thing I would like to speak to you about is how we feel this bill would solve the problem. This bill would provide a mechanism for an extensive examination of the reasons why long-term self-sufficiency has been so elusive to date. The problem is as complex as the type and diversity of the projects that make up this child development program in the 13 States. And I believe it deserves a comprehensive study.

In addition, the role of the States needs to be analyzed and the concept of total self-sufficiency reviewed.

Furthermore, the ARC investment in this service delivery system, which will be sustained for at least 2 more years with this legislation, will provide the possibility of new Federal programs that will cover part of the health costs to women and children specifically. And the problems with the existing programs, such as the Head Start guidelines, the title XX, the title XIX, might be worked out. At the very least, another 2 years of funding would purchase these comprehensive single-entry multidisciplinary services of health, nutrition, education, and social services for preschool children in Appalachia. We would preserve the investment in the service delivery system and continue the thousands of jobs in what is really a labor-intensive field.

I would urge you to allow the ARC Commission time to seek a solution to this problem of sustaining what has been a very successful Federal demonstration.

Thank you.

Mr. APPLEGATE. Yes, Miss Sutter, did you have something that you would like to bring to us from the State government?

Miss SUTTER. Mr. Chairman, I am Suzanne Sutter, from the Ohio Department of Economic and Community Development. I am program manager for the Appalachian Regional Commission child development program. I am here today on behalf of Dr. Bennett Cooper, the Ohio alternate member of the Appalachian Regional Commission. Dr. Cooper has asked me to express his support of H.R. 8777.

The ARC child development in Ohio began in the fall of 1971, when eight projects were funded in a nine-county region selected as the demonstration area for Ohio's program. The program experienced rapid growth in the following years because of a significant demand for comprehensive child care services in the 28 Appalachian counties in Ohio.

Over 30 projects were developed, and a wide range of services provided, including maternal and child health services, center and home-based child care, parent education, handicapped children's programs, family planning, and nutrition education. Twenty-three of the twenty-eight Appalachian counties received one or more of these services, and over 30,000 children and their families have benefited from these programs annually.

For example, as Mike and Julia have indicated, as a direct result of the ARC child development program, there has been a dramatic decrease in infant mortality rates in the Appalachian area, as well as an increase in the number of preschool children properly immunized.

As you are aware, it was expected that the projects would be independent of ARC support by the end of a maximum 5-year funding period. This expectation was established in 1969, and may have been a realistic one at that time. However, in the years since 1969, we have witnessed the repeated defeat of national legislation for child development services which seemed imminent in the early 1970's. Also, limited State and local revenues, which might have been available to support child development projects have been used to combat problems caused by inflation, high unemployment and energy costs.

Currently, 12 of Ohio's projects have reached the end of the allowable 5-year funding period, and 6 projects are facing that point within the next few months. Each of these programs has solidly demonstrated its viability and effectiveness. In addition, each of these programs has shown an ability to achieve a significant measure of self-support.

By their fifth year of funding, 9 of the 18 child development projects were utilizing 50 percent or less of ARC support, 5 were at the 50-percent to 65-percent level and the remaining 4 were less than 70 percent. Unfortunately, the lack of alternative funding sources, and the current economy of the region have made the likelihood of these projects ever achieving full self-sufficiency impossible.

Three of Ohio's child development projects have already been forced to close completely and the other nine have had to drastically reduce the services they provide to the families in Appalachian Ohio. It is anticipated that three of the six projects that will complete the 5-year limit in several months will have to close, and the other three will suffer a serious cutback in service delivery.

The significant reduction and termination of child development services will not only have a negative impact on the lives of the 30,000 children served by the program, but it will also affect the economy of the areas in which these projects are located.

The child development program is directly responsible for creating over 400 jobs in Ohio, thus helping to hold down an already high unemployment rate. In addition, the program has enabled over 600 parents to enter the work force or job training because of the availability of quality child care services.

It is imperative to sustain these child development services at the level of quality that has developed during the past 5 years. An investment of over 10 million Federal dollars has been made, and legislation which would amend the Appalachian Regional Development Act of 1965 to extend child development funding for 2 additional years would protect this investment.

It would provide a time period in which current funding problems within States, such as title XX and maternal and child health, could be resolved. Additional time is needed to develop these resources so they can be used to the maximum. Also, this legislation would allow more time to investigate existing difficulties in securing continuation funding for programs at the Federal level. It appears that this legislation is the most appropriate measure for sustaining the child development efforts.

The State of Ohio urges this committee to supoprt this resolution which will benefit thousands of families in the Appalachian region.

Now, the young lady representing the Governor, Ms. Sutter, points out that the Governor of the state of Ohio subscribes to the proposed legislative approach that we are discussing this morning. And then the question to be asked amongst ourselves up here—well, how much funding is allocated to Ohio per se other than highway money out of the Appalachia program? And according to the last report we saw, it was $9 million for 1976 fiscal year, of which $2.1 million went to the child development program.

But then there is health, vocational ed, other education, community development and housing, natural resources, environment, and other programs, special demonstrations, local development, district, planning, administration, research, and technical assistance, which means that about 80 percent of that funding did not go into child development but nevertheless the decision making pattern and priority is not held by this committee or the Congress; it's held by the Governors of the respective States to make those priority decisions—and I am leading to a point.

Now, it seems to me, as I was trying to point out before, if I may, Mr. Chairman, we will pass a water pollution control bill. I don't know what the funding is going to be to Ohio, but it should be rather extensive; it is a $35 billion bill for 5 years.

So it seems to me that where the State is allocating certain funds—you have got to play not only gamesmanship, but you have got to see which nut is the pea under, so to speak. And it would seem to me that maybe some readjustment in priorities within the allocation of the State of Ohio, substituting other funding which we know is going to come through—absolutely know, such as we can at this juncture.

And then it would seem to me that—Governor Scott said, well we would rather you didn't change the legislation, mandating—as if legislation does—that x funds would be allocated specifically to child development, because in effect that is a severe intrusion into that legislation because it would mean basically that when every other group begins to run out—and I am letting my heart rule my head—when any other group starts to run out of funding, then they are going to be back for a special adjustment. That is the tough part of the legislative decision.

By the same token, if—the Governor's representative has testified here today and said, well, as far as the State administration of Ohio is specifically concerned, that they support the thrust of the legislation we are working on now; and if we did extend the authorization but not mandating the use of the funds, then it would seem to me that the determination has to be upon the great State of Ohio to decide whatever it chooses to do.

And that would not do violence, if you like, to the poverty level—and somebody, you know, $8 over, they could be just equally or more in need than those in the lower income. And this gets back to Mr. Oberstar's point, saying, you know, that the committee did direct in its last legislative approach in 1975 certain studies we wanted carried out by the Commission to start to bring some of these problems out, because it seems to me it is kind of ridiculous to build up hopes and extend efforts if in another 3 years' time probably it isn't going to work anyway. So what is the sense in starting it?

Therefore, the question that I see here is whether or not understanding and direction in 1975 of the flexibility to the Governors really is doing the job. And then the question comes back—and I have to say this, it is the only fair thing to say—it seems to me that the states have some responsibility here, too, if they want the program to continue. Let me be kind in this direction. I have many, many problems in my own State, and I am here because I am sympathetic with what your problems are, too.

But, by the same token, we do know that there are some programs that this committee energized and put into law and provided funding to every State in the Nation and great flexibility. There is never enough money to go around to all the programs, as I am sure you know, because we have got so many needs.

Mr. APPLEGATE. Thank you very much. I know, of course, of the keen interest of Ohio. I was a little disappointed that the Governor had vetoed I guess the newly authorized Child Development Commission, although he had other reasons, other than being opposed to the programs—and I am sure that it can be developed, and I hope it is done in the near future because it could be the vehicle by which we would be able to solve our problems. And I appreciate your comments and that of the Governor and the State.

Is there anybody else that has anything to add, members of the panel, before we ask the members of the committee to ask questions?

Mr. RANDOLPH. I would just like to say one thing. You people were talking this morning about water, health. And through our ARC program, we had a sanitarian—and we are a rural county. Thirty-three and one-third percent of our water sample was unsafe; 28 percent of our housing is substandard. Some people don't like to look at the county as being Appalachia, but we are. Mr. Roe said he isn't, but he may be—yet.

So I would like to make that point—it has helped. And through this survey of the water supply that was developed in the WIC [women, infants and children] nutritional program, instead of the parents and the children receiving the nutritional food on a concentrate program where the water is being used, we are able to give ready-to-feed infant formula in the areas where we have collected unsafe water.

So there again we are, through the efforts of ARC, in our program of water supply, we were again able to lead off with the ARC program.

Thank you.

Mr. APPLEGATE. Thank you. I appreciate the commentary and the program that was put together by the group. It has been very informative to us.

Mr. Roe?

Mr. **Roe.** The presentation has been excellent, not only from the point of view of your bringing out specific cases, which we alluded to a little bit earlier, but I think you brought out a number of very important problematical and legal and technical questions that were not directed to the earlier witnesses. The idea that even if title XX matures and the funding were available tomorrow morning would not solve the problem is very, very important, because it indicates to me anyway, Mr. Chairman, as I see it, that the solution of title XX money isn't going to be the answer.

Another important point that you brought up is who determines needs vis the point of view of the flexibility of the ARC legislation.

It seems to me that even if the legislation is extended, the same problems are going to exist—hopefully not. Speaking of title XX and some of the other programs, maybe this other legislation will start to cure some of that—but there are other areas that need major surgery if it is going to be helpful to you.

In effect you are saying in your testimony that if you give us additional time, and we know that these other programs are evolving an HEW bill with new thrust, a new administration, some economic development money, public works money—giving the States flexibility, would that begin to give us a solution toward the objectives we are attempting to achieve.

In your testimony, you had mentioned as part of your phraseology, referring back to assume the State at that point——

Mrs. **Wallace.** I believe I was speaking of foundations and other Federal programs.

Mr. **Roe.** All right. Where you say we are handling 30,000 children and have 400 jobs involved. Now, another thought that occurs to me is that title IX of the EDA legislation, which does relate to extraordinary circumstances and people being turned out of employment, which has happened here in the transitional period—provides funding that may be worth looking into, for what that's worth. That's my observation.

Mr. **Applegate.** Thank you, Mr. Roe. Mr. Hammerschmidt?

Mr. **Hammerschmidt.** Thank you, Mr. Chairman. You referred to your effort to get matching funds—and there was a long list.

I wonder to your Governor, but more particularly to your county commissioners and to your city councils and mayors, have you given them this comprehensive story that you have given us here today?

Mr. **Little.** I am Gary Little, I am with Buckeye Hills Regional Development District. In Ohio we have kind of a unique designation also; we are also a regional planning and development organization, which is a council of governments. In our district we have 57 municipalities and cities and eight counties.

In a recent September board meeting, the board made up of those people of the executive committee anyhow—I think forwarded a letter on to you, Mr. Roe, in support of this bill, and I know we did to our Congressmen and to the Governor. And a couple of the county commissioners have also signed petitions in support of this legislation as members of child development advisory boards.

Another interesting point is, too, that they have signed in support, but at the same time have said to us, we are in a bind; we had a bad winter; we had a lot of equipment replacement, a lot of road repair, a lot of expenses along those lines where we can't help you. One area that we did get some help in Washington County, where Marietta is at, they did supply some local match money through the children's services board in that county, so they have helped in that way. And I think Mr. Harter over in Athens County has also received some money from the county commissioners.

But it is very small and it is very limited. We have two new projects that we are submitting right now, which is kind of ironic; although we have two projects terminating, we also are submitting for new projects, which is something we are allowed to do. The county commissioners have said, though, as the letter of endorsement for those new projects, we support those projects and feel that they are needed in the county, and are looking at it and saying, well, we will try to figure out some way to handle the funding and come up with some local resources, if at all possible.

And that is a big step for them to make, because ARC is requiring a cash requirement now, instead of in kind. So they are kind of putting themselves out on the limb. But they feel a definite need for those projects, and are doing everything they possibly can to see that the projects will continue or develop new projects where they are needed.

Mr. HAMMERSCHMIDT. The reason, of course, I ask, is obvious, but the reason this determination is left at the local level is because that is where Congress in its wisdom thought it ought to be. Only Ohio and the development commissions in the cities and counties of Ohio can make the determination—and we wouldn't attempt to tell you where your priorities are, of course.

But where you have 3-to-1 leverage on Federal money, as you pointed out in your statement, that alone makes a good case, especially from revenue sharing, from other Federal funds, countercyclical or whatever, that might be used to match that 70 percent.

You all made a very fine case here on your needs certainly—equity versus the priorities of other programs, we can't quite make that determination; we realize you are in a bind and you are not coming to us for that reason—you are coming to us out of desperation because your program is ending and you need more money. We understand that.

I wanted to ask just a couple of short specific questions about the program.

When you refer to the systems support program, the linkages and referrals and evaluation of the quality of service, and so on, how much—what percent do you spend on that, what I call an administrative function?

Mr. LITTLE. About 10 percent of the systems coordination, about $90,000 of our total budget.

Mr. HAMMERSCHMIDT. In day care services for children whose parents are working or in job training, are only low-income family children included, or is it available to broader based economic groups?

Mr. LITTLE. One of the beauties, again, of the ARC money was that it was flexible. Therefore, children who are low income and who are eligible for title XX reimbursement, we had those children certified and we were reimbursed under title XX. The kids from families who are over the title XX guidelines—that would be 81 or 82 percent of the State median income—we were supplementing, subsidizing, the cost of their service; they were paying a healthy fee each month, but we were able to subsidize that somewhat. So we had a cross section of population in the day care program right from the inception.

It looks now as if we will probably have title XX centers exclusively, because we have to meet some fairly stringent Federal interagency requirements, which we don't disagree with, by the way, necessarily, but it is essential to provide that service, given the staff-child ratios we have to comply with in the support services like medical services and so on.

Mr. Hammerschmidt. What percentage subsidy—did you use a straight percentage, or did you base it on income level?

Mr. Little. Yes; it was a sliding fee scale.

Mr. Hammerschmidt. Can you give an example? Let's say a man made $15,000 a year, adjusted gross income.

Mr. Little. OK. Prior to October 1, they would pay $173 per month for day care.

Mr. Hammerschmidt. Is that the top of the scale?

Mr. Little. Yes. Now it is $200.

Mr. Hammerschmidt. What is the bottom of the scale?

Mr. Little. $120.

Mr. Hammerschmidt. $120? For what income?

Mr. Little. $12,100-some-odd.

Mr. Hammerschmidt. Thank you very much.

Mr. Applegate. Thank you, Mr. Hammerschmidt. Mr. Flippo?

Mr. Flippo. No questions, Mr. Chairman; thank you very much.

Mr. Applegate. This would be one of our calls now, and this would be the time to take our leave from our subcommittee duties and go over and vote and come back. But let me say that I feel very encouraged in seeing the people that are here in their dedication and devotion to the program and its continuance, and the support of this bill—and, of course, particularly the people from Ohio who are representing so many people; and the excellent testimony and information that has been given here by you will mean much to us in our final deliberations. And I certainly thank you very, very much for that.

We will recess now.

[The subcommittee recessed at 1:15 p.m.]

[The following was received for the record:]

Statement of Sharon Carnes, Project Director, Guernsey County Day Care, Cambridge, Ohio

The attached testimony validates the necessity of our program, and the copies of letters sent attempting to secure alternative funds proves that we have exhausted every available means in trying to continue our program. Yet, Mr. Cesner, the County welfare director has a gross misconception of child development programs and has continuously blocked all our attempts to secure Title XX monies. Therefore, unless the A.R.C. amendment is passed, Guernsey County will be without full day. Day Care service for working parents as well as special needs Day Care.

Thank you

1. Guernsey County has a population of 3,153 children ages zero to five years. 19% of the children in the county are from low income families. Our county has a per capita income of $2424.00 which is considerably less than the national average of $5,240.00. Fifty-six percent of the low income families in Guernsey County are classified as having severely deficient diets. Only 42.8% of the females and 49.3% of the males have graduated from High School. The unemployment rate in 1969 was 4.6%, in 1976 it was 8.6%, now it is between 13 and 14%. Guernsey County is truly an underprivileged area.

2. In-center day care service provides an excellent atmosphere in which working parents could leave their children, while they are working and being productive citizens.

3. The Day Care Center is not a substitute for the home, but aims to supplement the home in guiding the development of the child in hopes of attaining the value of good citizenship, and an appreciation and understanding of all people of the world. We do this by providing much more than mere babysitting to the 30 children presently served by the Guernsey County Day Care Center.

The objectives of the Guernsey County Day Care are as follows:

1. To plan experiences to fit the needs of the children.
2. To help children develop an increased awareness in the world around them.
3. To encourage creativity in thought and action.
4. To encourage the child to express himself in meaningful and appropriate ways.
5. To help increase vocabulary.
6. To develop social interaction.
7. To help working parents provide adequate meals and care.
8. To develop concepts (time, colors, etc.).
9. To give opportunities in social and health areas.
10. To help children achieve basic skills.
11. To help parents develop better understanding of children.
12. To help children develop a sense of responsibility.
13. To help children gain independence and security.
14. To develop muscle control.
15. To develop music skills.

3. At present, the Guernsey County Welfare Department has only in-home day care service. In-center day care service would service more children per responsible adult, provide more services, and cover a wider area. Specifically, of our twenty-seven families in the center, two families have two children in the center. Bus service covers the entire county with a minimum of 2–3 children per area at present. 26 of 29 children benefit from this busing service.

4. Regulations for in-home service are very stringent making it difficult for families to qualify. In our center, which operates on a Title XX sliding fee scale, only two families pay a full fee, three families pay a reduced fee, and 25 families have incomes so low that they are not charged any fee.

5. At present, we are serving 30 children with 46 children on our waiting list as of September 19, 1977. Of the 10 single parent families which we serve, all parents, are working. Therefore, we perform a vital service to these parents. Our top priority for enrolling children is employment or training of one parent if a single parent family or both parents in a two parent family.

6. We are able to provide much more than an in-home babysitting program.

A. Our center provides two meals and two snacks daily. Our meals and snacks meet the U.S.D.A. recommended daily balance of nutritional foods.

B. We have a visiting nurse who checks all the children four times monthly and is on call whenever needed.

C. Parents are given nutritional instructions through newsletters, parent meetings with guest speakers and home visits by the director and Day Care teachers. At present, several guest speakers have already consented to speak to our parents and staff including Mr. Glenn Nicholls, who has been invited to do his doctorate work in Human Development and work with Dr. Kohlberg at Harvard University.

D. Many times referrals to other agencies are made in order to aid families with special problems.

E. Many other services are made available to the children through the Day Care Center, e.g.

(1) 63 physicals, speech, hearing and vision screenings have been done this year.

(2) 71 T.B. skin tests were performed.

(3) 8 staff and volunteers physicals have been done to date this year.

(4) 24 needed immunizations were given to date this year.

(5) 7 psychological screening tests were done.

(6) *All* our children, staff, and volunteers receive annual physical exams—many problems are detected early enough to be corrected.

(7) We also provide supervised career education trips to places of interest such as Roscoe Village, Columbus Zoo, etc.

F. Although we have been running at capacity with a long waiting list, if we are funded, we will apply to have our license modified to allow for 45 children as well as instituting an after school program. Our priorities list for enrollment, is such that referrals from the Guernsey County Welfare Department and Children's Services are given first priority for entrance to the program.

G. We have plans to be open from 6:30 a.m. to 6:00 p.m. if the needs of parents demand longer hours. Our major purpose is to provide a service to Guernsey County families, and their needs will dictate our program.

7. Our Day Care Center provides an essential service and does not duplicate services performed by other agencies. For example, we make referrals to Children's Services Board—cases which otherwise might go undetected and/or unreported. Referrals to the Child Development Health Clinic come through us. We all work together, and each of us is vitally needed to support the others.

8. Our total budget is $49,000 a year for all our services, which is approximately 5.06 per child per day.

9. Title XX funds could guarantee our continued operation. Also, we have made arrangements to give Mr. Cesner $12,000 in order to alleviate his expected cash flow problem *or* to be funded directly. We have been informed that either of these alternatives will be acceptable to the Ohio Department of Public Welfare.

A. At least $198,000 is available for Day Care funding according to the Ohio Department of Public Welfare.

B. Not all available Title XX funds for Day Care are used locally for in-home service.

C. The actual cost of operating our Day Care Center and providing all our additional services is quite low, according to Ms. Nell Portes of the Canton District Office of the Ohio Department of Public Welfare. We have such a good rapport with citizens and businessmen in the community that we receive well in excess of $30,000 in "in-kind" contributions annually.

D. The revenue from our sliding fee scale would be more than adequate for meeting the matching funds necessary for Title XX funding.

10. As the above evidence demonstrates, our program performs a vital service to our community. My personal faith in the necessity of the ongoing of this program is what led me to return to my home in Guernsey County and assume the directorship of the Guernsey County Day Care Center at a much lower salary than was offered me at schools in Chicago Heights, Illinois and Dallas, Texas. However I feel that case histories of several of our children can best illustrate that the continued presence of the Guernsey County Day Care program will mean to the residents of Guernsey County.

(1) We have a five year's old child who was abnormally quiet and would not respond. When she finally did respond, she demonstrated severely wrong behaviors such as hitting, kicking, and biting. We have been working with her on a one to one basis this year with great success. She now volunteers information, and when she becomes angry, she is able to exercise fairly good self-control. She never would have been able to stay in kindergarten with her behavior problems, but now she is doing quite well.

(2) We have 7 children who have severe speech problems. We have been able to arrange for the County Speech Therapist to come to the Center to give these children therapy they otherwise would not have received.

(3) We noticed that one of our children was apparently having difficulty with his vision. We referred him to an eye specialist. As a result, he was legally classified as blind. Our staff consulted with the Bureau of Services For The Blind. They felt that this child needed to be in an environment where more learning could take place than at home since there were problems in the home. With their help we set up a program especially for this child. He has since done very well with us. He is beginning to use scissors, is being trained to go to certain areas of the center by himself, is toileting himself, and has learned to eat with silverware.

(4) We have taken several children referred to us from the Children's Services Board. As a result, all these children are now remaining in their homes, and the parents are receiving counseling and education through our Parent Involvement Program.

(5) We have reported several families to the Children's Services Board for assistance. One small boy came to school with his face badly beaten. The caseworker referred the parents to our Parent Education program for counseling and since that time there have been no more problems. Our Parent Involvement Coordinator, Child Development Associate and Director have gone into the

homes of our families and helped correct ignorant neglect—in many cases, showing mothers how to properly bathe their children and care for diseases and infections.

(6) One of our children is crippled due to the fact that his leg bone is not joined properly at his hip. This condition was detected at the center by one of our astute teachers. He was taken to an orthepedic specialist following consultation with his parents. He has now been fitted with a brace and has adjusted remarkably well. According to his physician, had this problem not been detected until later, this child would have been crippled for life.

(7) We had a desperate mother come into the center, and tell us that "if someone doesn't take my kid, I might kill him!" We counseled with her and enrolled her child immediately. That parent is now one of the most active members of our Parent Involvement Program, and her child is happy and is doing well. She often tells us she doesn't know what she would have done if we had not been there when she needed someone.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF HUMAN DEVELOPMENT SERVICES,
Chicago, Ill., August 19, 1977.

Ms. SHARON CARNES,
Director, Guernsey County Day Care Center, 500 South Seventh St., Cambridge, Ohio.

DEAR MS. CARNES: This letter is in response to your correspondence regarding the use of Head Start funds to sustain Appalachian Child Development programs. Currently Head Start operates programs that provide comprehensive child development services to income eligible children ages 3–5 and their families. Title XX, through state allocations, is responsible for day care services. Policy concerning the amount and distribution of Head Start's additional appropriation is still being formulated. The concerns expressed by residents of the Southeastern Ohio region will be included in the considerations and factors determining the use of these new funds. However, at this time we can make no firm commitment regarding new grantees or specific area fund allocations.

Your concern for the children and families of Guernsey County is appreciated. We will continue to provide Head Start services in your area through the Guernsey-Monroe-Noble Tri-County Community Action Agency.

Thank you for bringing this information to our attention.

Sincerely,

HILTON G. R. BAINES,
Acting Head, Children, Youth and Family Unit.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Washington, D.C., August 5, 1977.

Ms. SHARON M. CARNES,
Director, Guernsey County Day Care Center, 500 South Seventh St., Cambridge, Ohio.

DEAR MS. CARNES: Your letter to Dr. Swift was referred to my office for reply. I have, in turn, forwarded it to Dr. Bambi Cardenis, Commissioner, Administration for Children, Youth and Families for an appropriate response. I am sure you will be hearing from Dr. Cardenis in the very near future.

Sincerely,

JAMES B. KENIN,
Assistant to the Deputy Under Secretary.

OHIO DEPARTMENT OF PUBLIC WELFARE,
Columbus, Ohio, August 29, 1977.

Hon. CLARENCE E. MILLER,
Member, Congress of the United States, House of Representatives, 10th District, Ohio, Rayburn Building, Washington, D.C.

DEAR CONGRESSMAN MILLER: The Department, the Southeastern Ohio County Welfare Departments, and the Appalachian Regional Commission (ARC) child development programs have been working together for approximately five years with the knowledge that the ARC program's funding was time limited. The county welfare departments have purchased such services as day care, developmental services for children and youth, and home management from the ARC program. For this reason, we do not anticipate a withdrawal of cooperation or support where such programs have become viable parts of the community. In fact, we expect that these agencies, as well as other related services agencies (i.e. county and city health departments, public school systems, etc.), will work to continue the complement by each assuming their appropriate roles.

We have learned a great deal over the years relative to services prioritizing, funds allocation, and services contracting. Being a state supervised/county administered system we know the importance of county input and cooperation to assure optimum participation in social services. Since November 1969, Ohio has had a special appropriation for employment and training related child care. This appropriation enables statewide provision of day care so the parent or caretaker need not forfeit employment or training for lack of child care. Reimbursement to the day care provider when the state day care subsidy provides the local share is one hundred percent.

The allocation of funds has also been a changing process. Initially, as you indicate in your letter, the funds were concentrated for obvious reasons in the major metropolitan areas of Ohio. However, as more programs have developed throughout the state, the Department has adjusted the allocation formula to reflect a more equitable distribution based on usage and need. In fact, with the '78 fiscal year the Department began to base the allocation valuations on a formula that takes into account the county per capita population and actual and estimated expenditures. By doing this, funds that were initially centered in the major metropolitan areas have been distributed among other counties. For example, Franklin County alone received approximately two million dollars for purchase less than in fiscal year '77.

The federal Title XX regulations (45 CFR 228.25) permit services planning by geographic area. In Ohio each county is a geographic area who prepares annually its plan for social services. The final plan is a product of community participation and reflects the needs and resources of the geographic area. Contracting is a method by which services may be provided and as a part of the planning process is accomplished on a geographic basis. Our contract exhibits are designed to accommodate the unique needs of each area. Yearly renegotiation of all social services contracts has always been encouraged by the Department. Recent Departmental on site reviews of social services contracts have served to reinforce the position around encouraging annual contract updates. We have found that where annual renegotiations have not occurred, compliance with the federal purchase requirements (45 CFR 228.70, 228.71) is questionable. We must at minimum be able to assure to HEW that the service program is allowable under the current state plan, that service and eligibility categories are curent, that costs are reasonable and necessary, that state licensure and/or federal requirements are current, and that appropriate programmatic and financial documentation is maintained. Our goal certainly is to expend the federal Title XX dollars available to Ohio, but to expend them so Ohio does not suffer deferrals due to noncompliance or inappropriate expenditures.

I do hope your concerns have been addressed. Please be assured, the Department is cognizant of the ARC program needs and that we support and encourage Title XX participation where programmatically possible.

Sincerely,

KENNETH B. CREASY,
Director.

OHIO DEPARTMENT OF PUBLIC WELFARE,
Columbus, Ohio, August 29, 1977.

MS. SHARON M. CARNES,
Director, Guernsey County Day Care, Cambridge, Ohio

DEAR MS. CARNES: We regret the delay in answering your letter. We are sending you a copy of our reply to Congressman Miller.

We hope that the information will be helpful.

Sincerely,

KENNETH B. CREASY,
Director.

OHIO DEPARTMENT OF PUBLIC WELFARE,
Columbus, Ohio, August 8, 1977.

SHARON M. CARNES,
Director, Guernsey County Day Care,
Cambridge, Ohio

DEAR MRS. CARNES: The Guernsey County Welfare Department is charged with the responsibility for negotiating Title XX contracts. Although the county department may prefer to write "direct pay" contracts, it still maintains the fiscal and program responsibility for such contracts. If the contract is paid direct by the state welfare department, this simply means that the county department is free from the responsibility of maintaining the cash flow.

The limitation to writing "direct pay" contracts is the fact that the Ohio Department of Public Welfare may make such payments only to the county treasurer, which necessitates that the provider be under the budgetary and administrative control of the county government. If Guernsey County Day Care could operate as a county agency, then direct payment of the contract would be possible.

Sincerely,

KENNETH B. CREASY,
Director, Ohio Department of Public Welfare.

SHARON M. CARNES,
Director, Guernsey County Day Care,
Cambridge, Ohio

DEAR —— ——: As I promised to do in our telephone conversations with your office, I am writing to inform you of the progress and continual problems which we are facing in our struggle to secure adequate funds in order to continue our beneficial Day Care service to residents of this Appalachian community.

Realizing that our only hope for local funding must result from a Title XX contract, I began a desperate attempt, since assuming the directorship of the Center on June 27, 1977, to secure an appointment with Mr. Robert Cesner, the director of the Guernsey County Welfare Department. After 13 phone calls and more than a three week wait, I was finally able to meet with Mrs. McVicker the Child Development specialist for the Welfare Department and Mr. Cesner. Our conference led to Mr. Cesner verbalizing his extreme discontent with Title XX reimbursement procedures presently utilized. He stated that no doubt existed within his mind that our Guernsey County Day Care Center provides an absolutely essential service to the county, but that he would definitely sign a Title XX contract with us *only* if we could secure direct funding through the Guernsey County Auditor for our program, in the same manner in which the *only* other Title XX contracts the Guernsey County Welfare Department has or has ever had—Children Services and Family planning are funded. Both Mr. Cesner and Mrs. McVicker assured me that the Title XX moneys allocated for Day Care would be more than enough to adequately fund our program.

We are willing to do anything necessary to secure this direct funding, but we have been unable to secure such an arrangement with the program analysis department of the Ohio Department of Public Welfare. Time is running out for our children in Guernsey County. Mrs. McVicker concurs with us in the assessment of the essential nature of our program.

I am deeply concerned, and I feel that you share my concern or would not be in your position. Therefore, I pleadingly urge you to do anything in your power to help us receive direct funding for our program. Please do your best to help us correct this pontentially devastating loss of a very effective program. As Mr. Cesner stated, the money for Day Care funding is most assuredly available, but he refuses to sign a contract with us unless the program is directly funded so that he will not bear the financial responsibility of the program. Please help us as we desperately need your assistance. I can be reached at 614-439-3493 from 8:30-4:00, and after that time I may be reached at my home 614-432-7007.

Thank you.

With sincere regards,

KENNETH B. CREASY.

Guernsey County Day Care,
Cambridge, Ohio, August 8, 1977.

Mr. Robert Cesner,
Director, Guernsey County Dept. of Public Welfare,
Cambridge, Ohio

Dear Mr. Cesner: While attending a workshop conducted by Mildred Madry in Marietta last Friday (August 5, 1977), she told me that you would be most happy to give us information concerning how we could obtain the necessary information and papers concerning applying for a Title XX contract.

I am certain that you are now aware of the essential service our Center provides to the County, and the hardship which will face your welfare department if 19 of our families are forced to go on welfare rolls because our Center is forced to close. Would you please send us the necessary application papers?

Also, Mildred told me that you would be more than glad to inform me of the public Title XX hearings which are due to occur very soon. Thank you very much for your kind help to us in our crucial situation. I will be anxiously awaiting your reply.

In the meantime, in order to give you a better idea of the services our Center provides, we would like to invite both you and Mrs. McVicker to join us at the Center for lunch on Friday, August 12, 1977. Please r.s.v.p. by telephone by Thursday morning.

Thank you.

Sincerely,

Sharon M. Carnes.

Guernsey County Day Care,
Cambridge, Ohio, August 8, 1977.

Guernsey County Commissioners,
Court House,
Cambridge, Ohio

Dear Mr. Kotoff, Mr. Mehaffey, and Mr. Taylor: As I am certain you are now aware, our search for alternative funding sources is in the crucial stage. Our search has time and again brought us back to Title XX funds.

In my investigation, I have discovered a most interesting bit of information. Guernsey County is one of the few Ohio Counties, perhaps the only County, which does not have even one Title XX contract funded through the local Welfare Department. With the monies available, I feel that our people in Guernsey County are being deprived of monies which are rightfully theirs. This money is being turned back to the state, not utilized, could be used to fund programs which would benefit Guernsey County.

Since you have been elected to protect the interests of our County residents, I felt that it was my duty to inform you of this great needless loss of available monies to our commuity. Too, I feel that our county voters should be informed that they are being cheated of their fair share of Title XX monies,—monies financed through their tax dollars.

Our Day Care Center is only one of the many services which could be funded through these monies. In order to give you a better idea of the various programs we offer, we would like to invite you to visit our Center and join us for lunch, Friday August 12, 1977. Please r.s.v.p. by telephone by Thursday morning.

Thank you.

With sincere regards,

Sharon Carnes,
Director.

Department of Health, Education, and Welfare,
Washington, D.C., August 11, 1977.

Ms. Sharon M. Carnes,
Director, Guernsey County Day Care Center,
Cambridge, Ohio

Dear Ms. Carnes: Mr. James B. Kenin, Assistant to the Deputy Under Secretary has referred your letter to Dr. Swift to me for response.

As you may be aware, the Head Start program now serves approximately 15%–18% of the children eligible for the program. The program by its legislative mandate is limited to children whose family income basically fall below poverty guidelines.

We are hopeful that there will be an increase provided to Head Start in the near future. We have not fully developed guidelines for distribution of the funds. A key element will be the number of unserved poor children in a State. We fully expect that funds will be available in Ohio to serve additional children. The exact criteria will still need to be developed. We would expect this to occur during the next 90 days.

Ohio is within HEW-Region V. I have asked Mr. Hilton Baines, Acting Head of the Children, Youth and Family Unit to contact you when guidelines are developed so that you will be aware of the possibility and process for receiving Head Start funding.

Sincerely,

DR. BLANDINA CARDENAS,
Commissioner, Administration for Children, Youth and Families.

Mr. APPLEGATE. The committee will reconvene.

I beg you to forgive us for the length that it took for all of these votes, but many times we never know what is going to happen, and this is one of those days.

Next we will hear the Alabama delegation, and I would ask that Mr. Flippo assume the chair and introduce this delegation.

Mr. FLIPPO. Thank you, Mr. Chairman.

[Whereupon, Mr. Flippo assumed the chair.]

Mr. FLIPPO. It is a great pleasure to introduce the Alabama delegation here today. If you would, you might like to come up to the tables. We have Mary M. Chambers, early childhood program manager of the Alabama A & M University/Madison-Jackson child development program; Shirley Parker, early childhood development program administrator of the East Alabama Planning and Development Commission; Dr. Azalia Francis, associate academic dean, Athens State College, and early childhood program manager for the Athens College/Limestone County Comprehensive Child Care Centers.

We have Mr. John Hearn, East Alabama Planning and Development Commission and Mrs. Barbara Altonji, Madison-Jackson child development program. I believe we also have from Alabama, Eleanor Brantley from Sylacauga and Billie Bass from the Athens College/Limestone County Centers.

Being from Alabama, it is a pleasure for me to introduce you, and we look forward to your testimony.

TESTIMONY OF A PANEL CONSISTING OF THE FOLLOWING: MARY M. CHAMBERS, EARLY CHILDHOOD PROGRAM MANAGER, ALABAMA A&M UNIVERSITY/MADISON-JACKSON CHILD DEVELOPMENT PROGRAM; SHIRLEY PARKER, EARLY CHILDHOOD DEVELOPMENT PROGRAM ADMINISTRATOR, EAST ALABAMA PLANNING AND DEVELOPMENT COMMISSION; DR. AZALIA FRANCIS, ASSOCIATE ACADEMIC DEAN, ATHENS STATE COLLEGE, ALSO, EARLY CHILDHOOD PROGRAM MANAGER FOR ATHENS COLLEGE/LIMESTONE COUNTY COMPREHENSIVE CHILD CARE CENTERS, ACCOMPAINED BY JOHN HEARN, EARLY CHILDHOOD PROGRAM MANAGER, MARSHALL COUNTY CHILD DEVELOPMENT CENTERS, EAST ALABAMA PLANNING AND DEVELOPMENT COMMISSION, AND MRS. BARBARA ALTONJI, MADISON-JACKSON CHILD DEVELOPMENT PROGRAM

Ms. PARKER. Mr. Chairman, I am Shirley Parker, with the East Alabama child development program, and also chairman of the Alabama Child Care Contractors Association, and on behalf of the existing fifth year ARC comprehensive child development programs in Alabama and on behalf of the Alabama Child Care Contractors Association, we would like to thank you for this opportunity to present this testimony in support of H.R. 8777.

In 1972, Alabama initiated a comprehensive child development program in 22 of the 35 Appalachian counties. Five public agencies served as grantees for ARC funds and contractors for title IV–A funds.

The initial program consisted of 53 child development centers serving approximately 2,500 preschool age children. ARC funds were combined with title IV–A funds for maximum utilization of the ARC investment. This joint funding provided the financial assistance for the creation of a much needed service in Appalachian Alabama, particularly in the rural areas.

After 5 years of operation, it is felt that this system has made a valuable contribution to the children and families in Appalachian Alabama. Despite restrictive regulations, including FIDCR, Federal Inter-Agency Day Care Requirements, and steadily increasing costs, comprehensive services have been maintained including health and nutrition, education and social services.

This has been accomplished by utilizing community, county, and State resources to the fullest. The health and nutrition components, in particular, provide immediate and visible results of the accomplishments of our program. The children in child development centers have received sorely needed health services at a cost which has been minimal in comparison with the quality of services received.

In addition, for the first time, large numbers of poor children in Appalachian Alabama have access to preprimary education; this includes developmental learning activities for children as young as 6 weeks of age. The programs have also provided badly needed outreach and information and referral services to parents and families of the program participants.

The comprehensive child care centers in Alabama, as currently funded, continue to provide educations, nutritional, social, and health care services for 2,060 children of low income families. Working parents pay an average fee of $12.50 to $20 per week. The average weekly cost per child to ARC is $24.

The need for continued ARC support is critical. Cessation of ARC funds would cause 26 centers to close or reduce services to include welfare recipients only. In all probability, working mothers of children who currently receive ARC services would be unable to secure adequate low cost child care, thus forcing them to quit work and further reduce family income. In single parent families, the results could be even more devastating, in that the single parent would be forced to apply for public assistance. In addition to increasing unemployment among program parents, 547 program employees would be forced out of work.

Child care services are available through title XX of the Social Security Act and all of our ARC programs do utilize title XX regulations exclude many of the working poor who desperately need child care services. Consequently, title XX funding is not the answer for the continuation of our program. ARC programs serve nonwelfare, low income working parents, utilizing a sliding fee scale based on per capita family income.

Obviously, title XX programs do not meet the need now being met by our ARC programs. Should the population now being served be limited only to children and families eligible for title XX child care services, local support that we have worked for and acquired over the past 5 years would be lost.

Administrators of ARC programs throughout the State have sought funding from the Bureau of Education for the Handicapped, Office of Child Development, ARC, the State legislature, local governments and private industry, foundations, civic clubs, philanthropic organizations, Boards of Education, Department of Labor, churches, community development funds, and other sources.

Utilization of Head Start funds has been investigated with no tangible results. Even though some programs have been succesful in acquiring limited funds beyond the required 25 percent local match, the amounts have been small, and grantor's regulations have been extensive and in many cases, conflicting. The mechanics of fragmenting programs into components and seeking separate funding for each component requires more time, planning, and administrative personnel, than is available or economically feasible.

Fragmentation would also tend to disrupt the comprehensive design of ARC programs, which unlike other public child care programs, are available to all socioeconomic levels, are open 12 months a year, up to 11 hours per day and geared specifically to meet the needs of the working parents.

The operating budgets of the past 5 years have added over $18,105,396 to the economy of the State and local communities with an economic impact of $126,737,772—547 persons are currently employed as a result of these programs, 90 percent of whom are minimum wage personnel.

To stabilize the operations and to avoid placing an unrealistic burden on the State and our local communities, it is critical that this bill be passed as a temporary measure to prevent program closures and/or reductions. It is our sincere belief that only through the passage of this bill will the State of Alabama be able to maintain the high quality and the diversity of services that the fifth year ARC child development programs now provide.

I wish also to attach to this statement four charts reflecting various concerning ARC programs in Alabama.

Mr. FLIPPO. Without objection they will be received for the record.

[Charts and statement following:]

ECONOMIC IMPACT STATEMENT BY THE ALABAMA CHILD CARE CONTRACTORS' ASSOCIATION

On behalf of the existing fifth year ARC Comprehensive Child Development Programs in Alabama and on behalf of the Alabama Child Care Contractors' Association, we very much appreciate the opportunity to present the following testimony in support of H.R. 8777 and S. 1984 sponsored by Congressman Applegate and Senator Metzenbaum respectively (Ohio) and co-sponsored by Congressmen Flippo, Buchanan, Edwards, and Bevill and Senators Allen and Sparkman of Alabama.

In 1972, Alabama initiated a Comprehensive ARC Child Development Program in 22 of the 35 Appalachian counties. Five public agencies served as grantees for ARC funds and contractors for Title IV–A (Title XX) Social Security Act of 1967, as amended, funds for these programs.

The initial program consisted of a system of 53 Child Development Centers serving approximately 2,500 pre-school age children. ARC funds were combined with Title IV-A (Title XX) Social Security Act for maximum utilization of the ARC investment. This joint funding provided the financial assistance for the creation of a much needed service in Appalachian Alabama, particularly in the rural areas.

After five years of operation, it is felt that this system has made a valuable contribution to the children and families in Appalachian Alabama. Despite restrictive regulations, including FIDCR, and steadily increasing costs, comprehensive services have been maintained including health and nutrition, education and social services. This has been accomplished by utilizing community, county and state resources to the fullest. The Health and Nutrition components provide immediate and visible results. The children in the child development centers have received sorely needed health services at a cost which has been minimal in comparison with the quality of services received. For the first time, large numbers of poor children in Appalachian Alabama have access to preprimary education; this includes developmental learning activities for children as young as six weeks. The programs have also provided badly needed outreach, information and referral services to parents and families of program participants.

The Comprehensive Child Care Centers in Alabama, as currently funded, continue to provide educational, nutritional, social, and health care services for 2,060 children of low income families. Working parents pay an average fee of $12.50 to $20.00 per week. The average weekly cost per child to ARC is $24.00.

The need for continued ARC support is critical. Cessation of ARC funds would cause twenty-six centers to close or reduce services to include welfare service recipients only. In all probability, working mothers of children who currently receive ARC services would be unable to secure adequate low cost child care thus forcing them to quit work and further reduce family income. In single parent families, the results could be even more devastating, in that the single parent would be forced to apply for public assistance. In addition to increasing unemployment, among program parents, five hundred forty-seven (547) program employees would also be forced out of work.

Child care services are available through Title XX of the Social Security Act and all of our ARC programs do utilize Title XX funds; however, Title XX regulations exclude many of the working poor who desperately need child care services. Consequently, Title XX funding is not the answer for the continuation of our program. ARC programs serve non-welfare, low income working parents, utilizing a sliding fee scale based on per capita family income. Obviously, Title XX programs, do not meet the need now being met by ARC programs. Should the population now being served be limited only to children and families, eligible for Title XX child care services, local support that we have worked for and acquired over the past five years would be lost.

Administrators of ARC programs throughout the state have sought funding from the Bureau of Education for the Handicapped, OCD, ARC, the State Legislature, Local Governments and private industry, foundations, civic clubs, philanthropic organizations, Boards of Education, Department of Labor, churches, community development funds and other sources. Utilization of Head Start funds has also been investigated with no tangible results. Even though some programs have been successful in acquiring limited funds beyond the required 25% local match, the amounts have been small, and grantor's regulations have been extensive and in many instances, conflicting. The mechanics of fragmenting programs into components and seeking separate funding for each component requires more time, planning and administrative personnel, than is available or economically feasible. Fragmentation would also tend to disrupt the comprehensive design of ARC programs, which, unlike other public child care programs, are available to all socio-economic levels, are open 12 months a year, up to eleven hours per day and are geared specifically to the needs of the working parents.

The operating budgets of the past five years have added over eighteen million, one hundred five thousand, three hundred ninety-six dollars ($18,105,396.00) to the economy of the state and local communities with an economic impact of one hundred twenty-six million, seven hundred thirty seven thousand, seven hundred seventy-two dollars ($126,737,772.00). Five hundred forty-seven (547) persons are currently employed as a result of these programs, ninety percent (90%) of whom are minimum wage personnel.

To stabilize the operations and to avoid placing an unrealistic burden on the state and our local communities, it is critical that this bill be passed as a temporary measure to prevent program closures and/or reductions, It is our sincere belief that only through the passage of this bill will the State of Aabama be able to maintain the high quality and the diversity of services than the fifth year ARC Child Development Programs now provide.

CHART I.

STATEWIDE ECONOMIC IMPACT CHART, 5TH-YR ARC-SUPPORTED COMPREHENSIVE CHILD CARE PROGRAMS, APPALACHIAN ALABAMA

Name of program	Initial ARC funding date	5th ARC program year expiration date	Cumulative total of— Children served (5 yr) ARC	Cumulative total of— Children served (5 yr) Total	Cumulative total of— Individuals employed (5 yr)	Cumulative total of— Investments (5 yr)	Economic stimulus (5 yr)	Cumulative total of local support (5 yr)	Cumulative State support (5 yr)	Total ARC support (5 yr)	Total children served 5th program year ARC	Total children served 5th program year Tota
East Alabama Regional Planning Commission	Sept. 1, 1972	Aug. 31, 1977	4,260	5,457	1,600	$11,735,033	$82,145,231	$741,245	$663,630	$2,971,163	632	1,365
Alabama A. & M./Madison-Jackson child development program	Feb. 1, 1973	Jan. 31, 1978	831	2,036	385	3,434,678	24,035,872	551,583	221,766	686,802	127	425
Limestone County comprehensive child care centers	do	do	392	781	218	1,340,000	9,380,000	178,014	158,985	582,295	80	160
Marshall County child development centers	do	do	207	580	86	1,117,685	7,823,795	88,316	86,000	236,996	76	204
Total			5,690	8,854	2,289	18,105,396	128,737,772	1,559,158	1,130,493	4,477,256	915	2,060

CHART II

CUMULATIVE (5YR) SERVICE IMPACT CHART—HEALTH, SOCIAL, AND EDUCATIONAL SERVICES, 5TH-YR ARC-SUPPORTED COMPREHENSIVE CHILD CARE PROGRAMS, APPALACHIAN ALABAMA

Name of program	Total number of developmental tests	Total number of vision tests	Total physicals	Dental screenings	Hearing screenings	Immunizations	Parent contacts (man-hours)
East Alabama Regional Planning Commission	22,184	6,891	8,990	5,038	6,767	10,558	495,881
Alabama A. & M. Madison-Jackson child development program	1,926	2,206	2,345	1,834	869	2,464	94,351
Athens-Limestone comprehensive child care centers	7,423	1,562	781	1,562	1,562	781	11,481
Marshall County child development centers	554	370	514	654	359	345	4,680
Total	32,087	11,029	12,630	9,088	9,557	14,148	606,393

	Field trips (child-days)	Educational service days (child-days)	Child abuse screening (child-days)	Staff training (man-hours)	Transportation (service miles)	Children on waiting list	Total fees collected
East Alabama Regional Planning Commission	30,733	1,862,654	1,862,654	74,971	1,740,651	187	$180,905
Alabama A. & M. Madison-Jackson child development program	4,920	427,250	427,250	42,043	458,869	135	175,357
Athens-Limestone comprehensive child care centers	156	211,410	211,410	12,428	71,324	85	82,000
Marshall County child development centers	12,400	116,025	116,025	9,795	219,000	58	47,000
Total	48,209	2,617,339	2,617,339	139,237	2,489,844	465	485,262

CHART III

CURRENT STATUS, 5TH-YR ARC-SUPPORTED COMPREHENSIVE CHILD CARE PROGRAMS, APPALACHIAN ALABAMA

Centers in operation by name	ARC program initiation date	5th ARC program year expiration date	Licensed capacity	Current enrollment		Working parents served	Children on waiting list	Number of employees
				ARC	Total			
Alabama A. & M. University/Madison-Jackson child development program:								
Madison-Council Child Development Center	Feb. 1, 1973	Jan. 31, 1978	125	31	125	109	26	39
Madison-Triana Child Development Center	Jan. 4, 1974	do	64	11	64	52	10	14
Madison-Holy Cross Child Development Center	Mar. 28, 1974	do	30	6	30	29	14	5
Madison-Stringfield Child Development Center	Apr. 23, 1974	do	106	26	106	93	24	24
Scottsboro-Jackson Child Development Center	Feb. 1, 1973	do	100	40	100	54	15	30
Subtotal			425	114	425	337	89	112
Athens-Limestone comprehensive child care centers:								
McCain Center	do	do	105	40	105	22		
Trinity			125	53	125	17		
Athens Elementary			17	5	17	2		
Subtotal			247	98	247	41	85	60

See footnotes at end of table.

CHART III

CURRANT STATUS, 5TH-YR ARC-SUPPORTED COMPRHENSIVE CHILD CARE PROGRAMS, APPALACHIAN ALABAMA—Continued

Centers in operation by name	ARC program initiation date	5th ARC program year expiration date	Licensed capacity	Current enrollment		Working parents served	Children on waiting list	Number of employees
				ARC	Total			
East Alabama regional child development program:								
Calhoun:								
Anniston	Sept. 1, 1972	Aug. 31, 1977	65	2:	65	52	50	15
Hobson City	do	do	45	16	45	23	6	14
Jacksonville	do	do	100	30	100	360	12	27
Cherokee	do	do	30	15	30	37	27	9
Cleburne	do	do	26	13	26			7
Talladega-Clay-Randolph:								
Westgate	do	do	55	22	55	20		13
Talladega	do	do	110	44	110	57	10	23
Kiddie Korral	do	do	31	12	31	8	1	9
Childersburg	do	do	38	15	38	12		14
Drew Court	do	do	91	36	119	65	14	21
Lineville	do	do	45	18	45	25		8
Roanoke	do	do	48	19	48	13	14	9
Chambers-Tallapoosa:								
Scott Rd	do	do	63	31	63	17	3	13
Council	do	do	56	28	56	23	20	11
Five Points	do	do	81	40	81	18	20	16
Fort Payne	do	Jan. 31, 1978	86	40	86	125	10	20
Regional staff	do	Aug. 31, 1977	(1)	(1)	(1)	(1)	(1)	5
Marshall County:								
Guntersville	Feb 1, 1977	Jan. 31, 1978	75	23	75	48	47	16
Boaz	do	do	45	13	45	26	11	10
Subtotal			1,080	438 [2] 194	1,118 [2] 247	929	245	280
Total				632	1,365			

[1] Not available.

[2] Funded on emergency basis from 94-401 funds.

CHART IV

5TH-YEAR FUNDING LEVEL, ARC COMPREHENSIVE CHILD CARE CENTERS, APPALACHIAN ALABAMA

Name of program	Number of children to be served		Total budget required	Current ARC annual grant award	Current local support including parent fees required	Total ARC grant award
	ARC	Total				
East Alabama Regional Planning and Development Commission	632	1,365	$2,442,683	$573,476	$191,158	$764,634
Alabama A. & M. Madison-Jackson child development program	127	425	793,277	152,396	101,603	253,998
Athens-Limestone County comprehensive child care centers	80	160	327,600	96,000	32,000	128,000
Marshall County child development centers	36	120	203,167	42,455	18,495	60,950
Total	875	2,060	3,766,727	864,327	343,256	1,207,582
20 percent[1]				172,865		
Total				1,037,092		

[1] To give every eligible employee minimum wage at the Jan. 1, 1978, level and to increase fringe benefits in keeping with the law 20 percent will be required.

Mr. FLIPPO. Do other members of the Panel have statements they wish to present?

Ms. CHAMBERS. Mr. Flippo and other members of the committee, I wish to add my deep appreciation to the committee for allowing us to make this appearance today.

Many of the points that we have made in our presentation have already been very excellently presented by the State of Ohio, and we want to say that we have many of the same problems and we are not going to go through that part anymore, but let our presentation direct itself definitely to the programs, the ones that are still in existence and whose survival depends very heavily on what happens to this piece of legislation.

I want to call attention to the charts that we have attached here. We have tried to put together just the facts that are related to this particular legislation. There are other pieces of information that we brought along in case anyone else is interested in reading through them.

The first question that we wanted to look at was the economic impact of these programs over the 5 years, and what would happen immediately—we are talking about as of this date and as of January 31, 1978, when we are facing the termination of our program funds from ARC.

You will notice in the first chart that we have listed the funding dates, we have listed the expiration dates, we have listed the cumulative total of the children who have been served, the cumulative total of all of the people who have been employed, the cumulative total of investments. We have tried to explain what it means in terms of economic stimulus coming into the counties being served. When that amount of money flows into the State and to the communities, then of course the economy is boosted.

And if that is boosted then certainly the people who benefit a great deal are the working poor.

We have also listed the cumulative total of local support and we would like to emphasize here that in the very beginning when we undertook this project—we started working on it in 1971, it took us until 1973 to get it funded—but anyway, when we undertook this "demonstration" program 45 children were supposed to be served in each of the 45 counties, using the ARC funds matched with the title IV-A funds which later became the title XX.

Our goal at that time was to establish a demonstration program which was cost effective in terms of a delivery system to bring to the working poor in our communities a comprehensive approach to education, social services, nutrition and health. That goal was accomplished, we feel, over the 5 years because our track record, I think, attests somewhat to that.

But at the same time we need to point out that the need was so great in the counties served by north Alabama in particular, and I think Shirley can bring it out in other parts of the State, that immediately we no longer were a demonstration project. We became a delivery project while the immediate services in areas where there were no comprehensive services, and most of the support that we would be able to demonstrate against what was the intent and the working of the act, it is difficult to pull out because of the fact that what was intended to serve 45 children per county has now increased to, I would say, four or five times the number of children, so we are delivering really the kinds of services with the same amount of money which was intended to be a demonstration program.

I think that is one of the things that has a lot of bearing on whether or not the communities have really been able to become self sufficient. In our instance, for example, and let me just give you one example of a small rural community which we feel has demonstrated that government programs, when put together in a very understanding kind of way can work. I am speaking of a small town called Triana.

This is historically a town that has a lot of low-income people who were displaced because of Redstone Arsenal coming into the area. The mayor of that town happens to be a person who believes in Federal programs combind with local support. Now, when we first started talking about day care services our first approach was to ask for local support from their community; $12,000 a year from that community is an astronomical figure, coming out of their small budgets, but each time that we have had to pick up the increase in the number of children in that community—we started out with 19 and we are now up to 64 children—at the same time we looked at the fact that most of the mothers in that particular rural community were low income, they were unemployed, they were on welfare.

So this mayor asked, how can we develop an industry here that would give employment to these persons. He did look into the Small Business Administration ramifications, and was able to bring into that town Triana Industries.

Now, most of those mothers are employed; they are off welfare at this time. Many of them have two and three and four and five children, but they do go to work and the vigor and the hope that they have because of being able to become self sufficient, you have to be there to see that kind of thing.

But if we do not continue the kinds of centers we have here, like we have at Triana, those people are going to have to come back home, because now they are picking up from their meager salaries part of this sliding fee scale program that we were able to initiate within the last 3 years.

At the same time, let me call attention to something else that is happening in that community. As a result of the new public works, that special money that you have for construction, the mayor in that town was able to persuade whoever had to be persuaded that some of that money should come in to build a community development center.

We worked with him on planning a facility for day care children so that they could move from an old building that had been the town hall into a facility that had the proper number of toilets and all that sort of thing. Now, that building should be finished in December, but at the same time that community again is willing to put in more of their meager funds. That still is not enough, because if we are reduced now to title XX only—I think most people have spoken about that—if we are reduced to title XX only those persons who have been able to rise just a little bit above the title XX eligibility are going to be forced to go back home.

What I am trying to say here is, what we have prepared in these brief charts illustrate the fact that the amount of local support has been increasingly more and more over the years, so right now in the town of Triana we are picking up 40 percent of the cost of the total program, and that is quite a figure, and there are others who can cite those kinds of instances.

So what we are saying here that the demonstration has been made; that comprehensive cost effective programs can be delivered in rural Madison County, although we were sometimes counted as the "rich people in Madison County," that is not true when we put all of it together. We are not really rich, we have a lot of rural people in Madison County.

But given the demonstration that works, and we have statistics that show that over 5 years the community has picked up the maximum that they can afford to pick up. Now we have worked very hard to find other sources of funding, but right now we don't have them. All right. Come January 31, 1978, we have a choice of either closing Triana and other centers and being reduced to title XX, or maybe you are going to give us some more money. That is just about how we can say that without boring you with all the figures.

Now, we have the backup, but the main thing is, the program has worked and we need some way of continuing this very excellent community support that has been felt in this area.

Mr. FLIPPO. I did have a question. I think, Ms. Chambers, that both you and Ms. Parker testified that you were not going to receive the same level of funding.

Ms. CHAMBERS. Right.

Mr. FLIPPO. We have a report from the Commission and from the State that you would receive the same level of funding, the same level of service under title X, local funds—title XX, local funds. Would you speak to that?

Ms. CHAMBERS. Yes. I think the interpretation, as I understand it—we got this report last night—but as I understand the symbols here means the same level of service will be continued with title XX and local funds. I would submit here that that sounds good on paper, but those of us who have the problem of keeping staff—come January 31, 1978, 90 percent of our staff will have to go from $2.30 an hour to $2.65.

We can't get that money out of title XX, because we already have our allocations and we have already stated that we cannot manage this program with title XX. That is one area.

With replacement of equipment, we have been using the same equipment for 5 years. We had thought that 94.401 funds would provide enough money for us to replace equipment. The 94.401 funds were slow in coming and when we got them they were insufficient, so we still have a deficit here.

When we talk about transportation services, in the rural areas that expense is getting to be astronomical in terms of the cost of gasoline, the replacement of the vehicles, and that kind of thing. So that is not the answer either. So we cannot operate at the same level. Either we are going to have to reduce ourselves to hardly any children who can be served on the sliding fee basis, or close down that part of the program, or do something.

But this is not exactly a realistic statement.

Mr. FLIPPO. I appreciate you saying that and we wanted to get that as a matter of record lest some should be misled, that the same level of services would be continued.

Please continue.

Dr. FRANCIS. Mr. Chairman, it is my privilege now to again thank you for allowing us to come and express our appreciation for your efforts in our behalf. I would like to highlight in my presentation just exactly the problem with title XX. I think we have dealt locally with it, but you will notice in that report Limestone County is assured a continued funding at the same level. That just isn't true. We are going to be losing 21 staff members, and we will be losing service to at least 80 children and we will probably lose 130 children in our little county, because of these particular regulations that were superimposed at the State level against our very bitter opposition.

There was a time that Chambers, Parker, and Francis were words of profanity in the special services area of the State department of pensions and securities. I'm not sure that it has changed very much today.

The thing that we bitterly oppose, and that we feel so indebted to ARC for is the fact that you have operated a program that is self developing rather than self-destructive for parents, for family units. If you examine the existing regulations in the State of Alabama a husband and wife at the new January minimum wage would have to have four children to be eligible to stay together as a family unit and to receive comprehensive day care services under title XX.

The situation that we have is a group of people who have thought one way continue to perpetuate a dependency syndrome in which a mother cannot possibly afford to accept the alternative of employment for her own sake. I too can get on a soap box about this issue because it is so destructive to the basic tenets of American democracy. We believe that a portion of the service should be to enable one to seek better lives for themselves. We don't have that in title XX. AEC has given us that.

I have been able to go to our county commission and to go to our city government in Athens and to go to our United Way and to secure a very appropriate amount of local revenues; more than one-tenth of the moneys that they were giving to all of the service organizations, and with all of that led to regional commissions, service organizations, that is a rather profound amount.

But if I ask those people to extend more than $30,000 I must give them a total assurance that this is going to produce a direct return to them by promoting the employment of individuals in our community. What we are doing if we discontinue Appalachian Regional Commission program is that we are destroying utterly any alternative for these mothers and particularly for the mothers. These girls who had food stamps, who had medicaid, who had child care, once they go on minimum wage, unless they have a house full of children, cannot be eligible, and it is the most destructive force I think that we probably have in our society. It directly refutes what you tended for the legislation to do in title XX.

As an advocate of women I feel very strongly that you are just adding a chain to that which has torn these women down over the years if you don't come up with an alternative. Now frankly, I don't think that started the alternative, because you have got to provide for that 6 weeks old child or the 3-year-old child. You have got to provide not just 8 hours of care a day, but 10 or 12 to allow that mother to get to and from her employment.

You have to do so in such a way that that child is continued to be a productive human being. I have seen little 3- and 4-year olds learn independently to read because items in their environment were labeled. I have seen children have adequate nutrition. I have seen a little girl that was a victim of child abuse who couldn't even more independently grow as a result of instruction to the point that now she can talk and she is mobile. She is not absolutely independent yet; she can't run, but she is so much better than she would ever have been.

I have seen children who were identified as child abuse victims in the early stages before you got a child destroyed. Those are the things that ARC has given us that no one else affords for us, and we just beg of you to continue 2 years. If you want to make it mandatory, fine. If you want to make it permissive, our Governor is going to support us. We have had that support, Shirley Parker got some support from the State legislature on emergency one-time basis. I am convinced that we can go back and get further support, but it is going to take some time.

When we went into this we didn't expect that title XX would be nearly so restrictive. I think we have just begun to realize the restrictive nature of that legislation and what it is going to do, not only to our centers, but to our communities at large. And if we don't have your permissive legislation for 2 more years of continuation so that together we can attack this thing, then a great many children, a great many parents are going to be destroyed.

I beg of you to do whatever is necessary to continue this fine legislation for us.

Mr. FLIPPO. Any further statements?

Mrs. ALTONJI. I would just like to say how proud we are to be here today and to see this hearing in action. I am terribly impressed, being just a little person from a little city, and I think that if we begin to remember when you talk about software that it is really people, and that as an example, you talked of flexibility today, about Appalachia being flexible. Well, how many of us have seen the parent who goes from free day care to availability in our programs for a short while to pay a minimum fee, and then very often does lose her job for awhile and cannot pay fees and cannot necessarily get very quickly back into ADC or needs free day care immediately for another reason.

There is a flexibility built into having two types of programs within the one. And we do have many working mothers even under an ADC program, and under the free day care we have in our particular program of 73 families, we have 54 working mothers and we have only 40 in the ARC level. And everyone is making that strive that Ms. Francis has today, and I just think that we have to keep ourselves open to the flexibility that you have offered us over the years.

Ms. **Parker**. Mr. Chairman, one thing that I would like to go on the record with, when they talk about a number of projects closing over the years, for instance, I am one project—east Alabama has one project in 11 counties, but it involves 20 centers, and so I think to look at it from a center standpoint than a project might be a little more realistic, and accurate.

Mr. **Flippo**. And of course it would be presumptuous of me to try to point out anything that you have missed, because you have done a magnificent jobin presenting it, but in Alabama, a State whose per capita income is 78 percent of the national average and 81 percent after adjusting for cost of living, is indicative that we do not enjoy a great deal of wealth, but even worse than that is the distribution of income within our State, in which more than 25 percent of our people whose income is less than the poverty level, and those are highly related to the Appalachian region, which is not as fortunate as some of the other sections of the State.

But I know as long as we have people such as you, who are as dedicated and as knowledgeable—and I love to see you express yourselves in the manner that you have—I know that your testimony has been impressive to this committee and I thank you for it.

Mr. Applegate, would you have any questions?

Mr. **Applegate**. No; I don't have any further questions at this particular point, but I would certainly commend the Alabama delegation for their expert testimony, and we will have it all and each of the members will have a copy of it so that we will be able to go over, and we are going to absorb all of this and hopefully come up with an answer, and I mean right now.

I think there are two approaches. There is going to be a long term approach, and what we need in short term, which is for the immediate future. I have had a chance to talk to several of the members since this began, the members who have been here—Mr. Roe, Mr. Hammerschmidt, Mr. Oberstar—have all been very impressed with the dedication and enthusiasm and input. That is what we need. That is what Members of Congress need, and as I said before, it is unfortunate that we don't have the whole country going for us, because we are dealing with a small geographic and economic area—actually, the economic area is extended throughout the country, but we are dealing with a geographic area and we are limited, so we have to double our forces in our efforts in order to persuade the other Members of Congress to go along with us to get this passed, and I feel good about the fact that I think we will see some action taken.

I don't know who it was that mentioned the possibility that it may be done on a permissive rather than a mandatory basis, and that may be the answer we need. I don't know whether all the States would necessarily approve that, I guess it would be up to each of the States to know their Governor well enough to know whether or not they are not just going to slip it into some other fund.

Ms. **Parker.** That is entirely possible. I mean, we fought that battle for 5 years.

Mr. **Applegate.** Yes. Well, at least George will lend his support of the bill, and he is for it, and I'm sure in Ohio it would be the same way.

Dr. **Francis.** He has demonstrated that support for us over the last 2 years by endorsing our efforts to get continued funding beyond the third year level. There is no question in my mind that our Governor holds very precious the concept of child development in Alabama.

I think most Governors would, if they really understood what was happening in the centers. It is a matter of sometimes the communication from the staff level, just as it is obviously here in Washington on occasion. The staff perception sitting in an office is entirely different from that on the actual field doing the service.

Mr. **Applegate.** This will be the job that we have to do before we get this passed, but getting this passed is something that has got to be done within the next month, but it is a job that we have to get feedback with some additional support, and for you to talk to your Governors and your Congressmen. I don't think you have any difficulty as far as that is concerned, but still we need all the help we can get. And I again thank you very, very much for your participation.

[Whereupon, Mr. Roe assumed the chair.]

Mr. **Roe.** Well, I understand I missed the testimony from Alabama, but they said it was excellent.

Did it follow pretty much the course that we discussed with the folks from Ohio?

Mr. **Flippo.** Yes; I would say pretty much. There was a point or two that I thought was very important that we needed to get for the record and we did, Mr. Chairman. We have a chart there that shows that those districts would continue the same level of service under the title XX and local funds. The testimony from Alabama is that that is just not the true situation, because of the increase in minimum wage where salaries will go up, we are going to lose not only personnel but we are going to lose the ability to serve the children in that area, and I think essentially that was it.

Mr. **Roe.** Does Alabama view the situation as Ohio does, that even with the title XX money that there is still not going to be enough from other sources on the 30 percent matching funds?

Dr. **Francis.** Possibly even more critically, sir, the title XX regulations with reference to income are more restrictive than the Ohio delegation appears to be. I think we also have had a lower parent fee payment alternative, which places a greater burden on the parent than the Ohio delegation was presenting. Most of our parents who are at the low income working level have paid an average of $12.50 a week of their moneys to complement the moneys that have come from ARC and local funds. Therefore, you are going to put those parents in the position of having to pay at least $30 a week for child care, per child, or to be forced to unemployment, and they are not eligible—I alluded to the fact in my testimony that in Alabama under current title XX regulations a husband and wife working at minimum wage must have four children to be eligible for day care. Without the four children there is no eligibility, and unfortunately some of our other service programs are altering, we think, some of that situation in family planning, and so it does destroy that which we have been trying to develop. [Laughter.]

Mr. Flippo. Mr. Chairman, I think it is important to point out that Alabama does not have a kindergarten program statewide. Many of the States do not, but many do, and Alabama as the very able chairman knows, due to a recent EDA study Alabama's per capita income is 78 percent of the national average, 81 percent after adjusting for cost of living features, and the important thing is not so much the per capita income, but that the distribution is very poor. More than 25 percent of our population with income less than poverty levels, and those are primarily in the Appalachian region area, so it is a very significant important deliverable program, rather than a demonstration program in Alabama.

Mr. Roe. I think you are striking a very important point. Are we ascertaining from the testimony that regardless of the fact of the way the committee structured the bill, we are supposed to be stimulating demonstration programs but no longer lasting programs. The question is—if the other Federal programs, such as title XX, et cetera, doesn't take up the funding gap, then, in effect, should we be talking about a more sustained program under ARC with more flexibility?

Dr. Francis. The situation, sir, as we said in our testimony is that there is a void, a population desperately in need that you serve so beautifully no longer eligible for service under title XX. Another thing the committee needs to be aware of, and perhaps you know that, in some of our states title XX requires 25 percent local matching funds.

Therefore, if we look at it in terms of the ARC moneys and the title XX moneys we are forced to a rather sizable local contribution, and without any parent fees and the local revenues from the Government we are in a rather desperate situation in terms of looking at the whole thing. There is no way that the program can be continued even with full title XX.

For example, in our State I believe we have the figure of $16 million that was returned to the Federal Government from title XX of funds. Most of that is because of the way the guidelines have been structured and administratively implemented.

Another thing that was said by the Ohio delegation is that ARC money has done as much Federal projects have done given lead money to establish a program prior to the expenditure of funds. That is not the case at all under title XX, nor was it with IV–A. At one time the University of Alabama at Huntsville was our funding agent, our fiscal agent. They were as much as $320,000 in deficit spending.

You can't maintain a program, I can't maintain a program at the local level in any fashion with that kind of deficit spending.

Mr. Roe. Also, you need to have the flexibility, via the point of the reimbursement, because you do not receive the reimbursement from the other programs by the time——

Ms. Parker. Mr. Chairman, let me give you one example in Alabama. Coosa County is one of the poorest counties in the State, and those county commissioners down there donated $8,000. It has a population of about 10,000 people. Yearly they give $8,000 for local match to sustain this program. I wrote handicapped programs for them, because to even live in Coosa County is somewhat of a handicap. You can't even get any more rural than Coosa County, but that you know, there is no handicap money in Coosa County. But the county commissioners do support us. One of the poorest counties in the whole State.

Dr. Francis. Mr. Chairman, for your attention too, in the initial demonstration projects there were 53, and I believe now there are 26 that continue in terms of service centers. We purged ourselves from the ranks just by the process of living and meeting the challenges of daily operation of those members of our group who were really initially demonstration projects and who were unsuccessful with demonstration projects. Those of us who are here to speak to this bill are saying to you that we have succeeded in demonstrating a need that is so great that we must have some way or other to continue to meet this really critical need of our people.

Mr. Roe. Before we call the next witnesses it is important to point out one thing that is coming out of this whole situation and that is that there are constant changes taking place in other legislation too, and it would seem to me that without rehashing what we talked about this morning, there are a number of other ongoing economic development programs, there is substantial additional money going into HUD for development programs, that is I don't think the commission, nor the States for that matter, have had a chance to reflect on that impact, giving rise again to the idea of extending the authorized time.

As Doug and I were talking previously while on the floor of the House, the way the bill is presently drafted it would mandate that the funding be set aside for the child care health programs which are choking in a few States. Some States are coming back and saying, hey, look, we were successful while other States—and not through their being dilatory—were not successful.

Well, be that as it may, the flexibility is there. Then the pressure is put back upon the Governors of those respective States to make the determination as to what level of allocation they would make to be able to supplant the funds giving them the time to look for a further step.

It may very readily be if our experience now has indicated no matter how much magic we work, that there ought to be a viable ongoing dynamics in the Appalachia program with this flexibility for operating capital reimbursement funds for those folks that make just a little above the poverty line who are being serviced by this program. Rather than saying it is a demonstration there ought to be some kind of a hot cell, or emergency set aside in the State's funding to give them a chance to organize and keep their program self-sufficient.

We thank you vey much, Alabama.

[The following were received for the record:]

Statement of Hon. Tom Bevill, a Representative in Congress From the State of Alabama

Mr. Chairman: I have come before this committee today to ask favorable consideration of H.R. 8777, a bill that would literally mean continued life for the highly successful child development programs of the Appalachian Regional Commission.

Specifically, H.R. 8777 would amend the Appalachian Regional Development Act of 1965 to allow these programs to continue at their present funding levels while a study is conducted by ARC as to various methods for the eventual phasing out of federal assistance to the programs.

Originally, these innovative programs were to be funded through ARC for a five-year period. At the end of that time, the programs were scheduled to become self-supporting.

However, it has now become apparent that for many of the programs self-sufficiency is an all but impossible goal.

The failure to become self-supporting has been due largely to the dreary economic climate which has prevailed in recent years.

It should be pointed out that a large majority of the various child development programs have each year reduced their dependence on ARC funds as part of the effort to become self-supporting. However, loss of all ARC supportive funds would now mean one of two things to the programs—a reduction in the number of individuals who administer the programs or the curtailment of an entire program.

The legislation before you today would provide ARC with the task of investigating the difficulties that would be involved with the complete transfer of these programs to State or private agencies.

At the conclusion of this study, the findings would be presented to Congress for use in determining the financial future of the programs.

This legislation would merely continue ARC funding for the programs at the 1975 levels until 1979. This extension would give ARC adequate time to study the situation and make its report to Congress.

There can be no doubt as to the success of the child development programs. Presently, more than 200,000 individuals are being served by more than 325 programs in 300 of the 397 counties that make up Appalachia.

Services provided by the programs include immunization against numerous diseases, pre-natal care and education for young mothers, and distribution of balanced meals for children who would otherwise be victims of malnutrition.

A study taken by Columbia University indicated that each dollar spent on child development programs prevents 94 cents from subsequently having to be spent on public dependence aid. The cost to the government per child is $119 per year, a relatively small price tag in light of other government programs.

During the past 12 years, no federal program has benefited this region of the country more than the Appalachian Regional Commission.

When the program was begun, the Appalachian region was without doubt one of the poorest areas in the country. Today, thanks largely to the efforts of the ARC, the region is experiencing a dramatic economic revival.

The region's growth rate in terms of industrial expansion and its per capita income figures are now compabale to national figures and Appalachia continues to show signs of economic expansion.

In summation, the entire region is experiencing economic growth of unprecedented proportions. Much of this growth can be attributed directly to the programs of the Appalachian Regional Commission.

Among the most productive of these are the child development programs. With that in mind, I urge this committee to give a favorable report to H.R. 8777, which would provide for continuation of these necessary services.

Statement of Hon. Bill Nichols, a Representative in Congress From the State of Alabama

Mr. Chairman, I would like to thank you for this opportunity to associate myself with the earlier statements of support for H.R. 8777, commonly known as the Applegate amendment, and commend my colleague from Ohio for introducing said amendment.

Since 1972 when Appalachian Regional Commission funds were used in Alabama for the purpose of initiating the child development program, a total of 26 ARC child development centers have been created. At the present time these centers employ a total of 542 individuals and provide comprehensive care for over 2,000 children in 14 counties.

This regional child development program in Alabama not only provides day care services year round for 8 to 11 hours a day, but also provides education, health, and nutrition services as well. Without the extension authorized under H.R. 8777 the benefits of this program will come to an unfortunate and regrettable end.

This bill would provide a grace period for centers in the Appalachian region by extending current funding levels for 2 years. It would also direct the Appalachian Commission to investigate the difficulties these centers have encountered in finding alternative sources of support and to report back to the Congress on this matter in 18 months.

Considering the great benefit which has been accrued from this program in Alabama over the past 5 years, I would find it of benefit to provide for this 2-year extension, and would hope that the committee after considering the testimony presented today would favorably report Mr. Applegate's H.R. 8777.

Mr. ROE. Now, let's talk to our next State, North Carolina.

Mrs. Susan Law, director, Northwest Child Development Council, and Ms. Sherri Metzger, project director, Land-of-Sky Regional Council, Panel of North Carolina. Whereabouts in North Carolina?

Ms. METZGER. Winston-Salem, Asheville.

Mr. ROE. We welcome you and we look forward to your testimony. You may go right ahead and proceed.

TESTIMONY OF A PANEL: SUSAN LAW, DIRECTOR, NORTHWEST CHILD DEVELOPMENT COUNCIL; SHERRI METZGER, PROJECT DIRECTOR, LAND-OF-SKY REGIONAL COUNCIL

Ms. METZGER. I am Sherri Metzger, and I am with Land-of-Sky Regional Council, and I will testify first with a written statement.

First of all, I want to thank you for the opportunity to present our views of what is happening in the State of North Carolina with our child development program.

For the past 5 years the children and families of western North Carolina have benefited from the comprehensive child development program which has been sponsored and funded in part by the Appalachian Regional Commission. The system established in North Carolina has operated successfully for 5 years. The program has the support of local elected officials and the State human service agencies.

We have brought some letters with us from local elected officials to demonstrate their support of the passage of this bill. I believe your committee has received additional letters.

Mr. ROE. Very prolific writers in North Carolina.

Ms. METZGER. We would like the opportunity to share with you why we feel that this program merits 3 years of additional funding. Since the program design in each of our States has been unique to each State's needs, let me briefly outline how the North Carolina program has operated. The delivery mechanism in our State has been on a regional multicounty basis. Thus, when you see that North Carolina has two projects, that really reflects 62 centers and subcontracts to six programs.

Funding has been received through the North Carolina Office for Children who in turn subcontracts for the provision of services to the six multicounty regions. These programs have been sponsored by Councils of Governments or local development districts or by private nonprofit organizations.

The six programs in North Carolina that receive fund from our office for children cover the 29 Appalachian counties in the western portion of the State. Our programs have the capacity to serve 2,800 children at any one time, and our statistics show that during a given year we probably serve approximately 4,000 children. The services we provide are through our day care centers, family day care homes, and home visitor program.

In addition to the day care, program components include comprehensive health and social services, staff training, parent involvement and administration. In one of the programs, which is the one that I direct which serves 569 children, a survey done last winter indicated that 51 percent of the children in our program come from single parent families. It also showed that approximately 50 percent of the parents would have had to seek public assistance for their basic needs if the wage earner had to quit work and stay home and care for the children.

I have some additional information that we have gathered on economic impacts of our program, and I will submit that to you at the end of our testimony.

North Carolina faces a rather unique problem in that we are one of the few States in the country that must still meet the stringent staff-child ratios required in the Federal Interagency Day Care requirements. Since we were meeting these staff-child ratios in 1975 as the law required our State interprets the regulations to read that we must still meet those ratios, even though other States have had theirs waived.

This keeps our personnel expenses extremely high. North Carolina pays through their title XX vendor payment $135 to $150 per child per month for day care placements. One of our programs, which is Susan's, has calculated that its personnel costs alone average $166 a child a month, so here again is one of the arguments of what would happen if we were strictly under title XX funding.

Mr. ROE. May I interrupt you there?

Ms. METZGER. Yes.

Mr. ROE. That is most important, because frankly, there has been criticism to the effect that you are overstaffed and its a boondoggle and so on—and it seems to me that what you are saying is really quite accurate although we have that burden because of mandated Federal law.

Ms. METZGER. And you see, we have staff who have been with us for say 4 and 5 years, some of them, and just through 5 percent raises a year have slowly moved up the ladder.

Mr. ROE. But all that notwithstanding, you could not carry out your program without the staff because you are under a Federal mandate of quantitative instructors, and so forth unless you obtain a waiver to that effect, is that correct?

Ms. METZGER. Yes.

Mr. ROE. That is important. OK.

Ms. METZGER. As with the programs in the other States we have not been sitting idle. We have worked hard during these 5 years to develop a broad base of funding to support this program. However, we have met with only partial success. Sources of funding that we use other than ARC include title XX of the Social Security Act, the child care feeding program through the Department of Agriculture, some Community Development Funds, State match, and local cash match.

Of the funds available, only title XX is a feasible source for the funding of basic day care services, and this is the source to which we must look, with the termination of ARC funding. However, the title XX funds have drawbacks. Again, as we have discussed today. The most important of these drawbacks is that there is not sufficient title XX funds appropriated to North Carolina, according to our State officials, to pick up the portion of our programs funded by ARC.

In addition, the title XX regulations, at least as they are interpreted and implemented in North Carolina, are too restrictive to fund a comprehensive child development program. Those families struggling to keep off of the welfare roles would not then be able to participate in the program. ARC funds have assisted these families in participating in our program on a sliding fee scale.

Whereas ARC has provided funds for comprehensive health, social services, through title XX medical screening programs would be available to only those on AFDC. Title XX does not allow for the payment of such things as dental services to our children.

The supportive services would be drastically curtailed if title XX funds were available to replace the ARC funds.

We feel that with 2 additional years of ARC funding there may be some significant changes in Federal funding sources, which would allow programs such as ours to continue. Some indications of a growing interest in Federal funding of day care are—and I have listed five of these that I have been able to uncover.

One is through a publication called the Day Care and Child Development Reports there was a statement that the Senate Subcommittee on Child and Human Development is holding hearings across the country, and I believe they are beginning in November, in hopes of beginning writing a child care bill by next summer or fall.

No. 2, the Coalition for Labor Union Women recently called for the enactment of a federally funded comprehensive child care bill, and three, the congressional Subcommittee on Economic Growth and Stabilization of the Joint Economic Committee called for a system of child care as a part of a guarantee of full employement for women.

Arabella Martinez, Assistant Secretary for Human Development Services in HEW is also saying that she is looking at options on how to establish future day care funding, and then of course, President Carter's welfare reform may provide new impetus for the funding for day care.

In summary, let me remind you that quality child care is an expensive proposition. However, if it is well done it can be one of the best investments of money possible. The dollars saved in future years from the identification of problems and their remediation in pre-school children and the social and intellectual stimulation provided through quality child care can save taxpayers untold amounts of money.

We know that the Federal Government must soon take a hard look at all the issues involved in funding Federal day care legislation and make some major decisions. Until all the issues are resolved on a nationwide basis we feel the children of Appalachia deserve the continued services that H.R. 8777 would provide.

Our demonstration programs have worked. They have demonstrated the need for a continued comprehensive child development program. If we are forced to resort strictly to title XX funds we will need to close centers, serve fewer children, discontinue serving the families above the poverty guidelines and discontinue many of our supportive services. So we urge you to favorably consider and report this bill out of the committee to the full body of Congress for a vote.

Mr. ROE. Splendid. Does Mrs. Law have anything to say?

Mrs. LAW. I want to make some points that I think maybe have been missed from time to time during the day. I would like to stress and make mention of the report that you have recently received, prepared for you by the Appalachia's staff which shows the State of North Carolina as being able to sustain a number of services—the number of children served, but the reduction will be in the level of services.

And I think that is a point that needs to be brought out here. Generally we spend about $224 a month per child. Of that $166 has been for personnel costs alone. The rest of that money is for those things which we cannot cut out by virtue of the existence of the centers; rent, heat, utilities, certain supportive services, health services, social services, funds to create more involvement with parents.

If in fact we have to live with existing title XX administrative interpretations within the State of North Carolina I will have to reduce my personnel cost from $166 a month to $115 a month, and I have the figures to back that up.

If the minimum wage then therefore continues up, and this has been alluded to before, I figure that where I now have 6 people serving say, 24 children or 30 children I will be forced to pay those people the minimum wage, except for one, and maybe that one I can pay five $50 a month.

Increasingly our colleges and universities are training young women and men to go into the profession, and these institutions are recognizing that in fact the egg is either scrambled, fried or hard boiled by the time the child is 5. We are training professionals in this area, but we are not willing to pay them for it, and I think that needs to be brought out here.

There are two other issues that I would like to mention. These relate to the stance of the Commission. During the original development of child development programs, the Commission at that time earmarked certain funds for the special project. I wonder if that earmarking procedure is much different than is being proposed in the legislation under consideration today by the committee.

Too, I would like to point out that certain financial data that has been distributed by the staff of the Commission, reflects a total cost of the extension to be $2.5 million. According to the best estimates for the State of North Carolina, there will be a need in that State alone for $2.1 million per year of the extension.

Mr. ROE. May I interject a thought here?

Mrs. LAW. Yes.

Mr. ROE. Agreed. However, say for example we were successful in being helpful in this instance, which we are going to try to do, of course. I would think that your job then only begins, because if we are going to be then holding hearings next year on the Appalachian regional development legislation per se, then it would seem to me that we would have to importune our Governors, who are the bulwark of that situation, to come back and say, look, we need certain changes. This program should not be rigid in the idea of just being there to stimulate and then when the program begins to materialize, have the rug pulled out from under us.

If we can get the consensus to amend this legislation, pass it in the House and deliver it to the Senate before they adjourn, it is going to be virtually a miracle, and we need a miracle at this point.

So I do hope that, if we can work out an acceptable measure in the House, the folks who are involved would immediately petition the Senators and advise them of the vital need for this legislation.

Ms. METZGER. I would like to say, you have learned that North Carolina is good at letter writing, and we are also good at personal visits.

Mr. ROE. OK. Go ahead, Mrs. Law.

Mrs. LAW. I did want to clear up that one issue about the staff report from ARC, and I want to suggest too that the other issue that has not been addressed is that there appears to be some ARC planning money that has been given to States recently. To me that is kind of incongruous to plan for child care services on the one hand, whether they be child development or health, while with the other hand actually chopping off these kinds of services to these kinds of people. I wonder about that. I wonder about the logic involved in that kind of issue.

Mr. ROE. Well, I think if you look at what the original act provided before the 5-year cutoff date and we were trying to achieve by this demonstration program there were studies and reporting that had to be made within a year as to the effectiveness of the efforts extended. Not that I disagree with you; go ahead.

Mrs. LAW. I really think we're probably in this problem because the Federal Government hasn't passed comprehensive quality child care legislation within the past 5 years.

Mr. ROE. It is not easy to secure passage either, so it you can't achieve your objectives one way you have to look for another way. Are there any further questions?

Ms. METZGER. I think just another comment, this morning when the gentlemen from ARC mentioned that 15 percent of the nonhighway funds were going into the child development programs, and you know, we should point out that 85 percent of the ARC funds are highway funds, so it is, by our way of thinking, reasonable to expect that amount.

Mr. ROE. I have to interject a thought. As I mentioned earlier in these hearings, my State is not a member of the Appalachian program. During my tenure here in Congress, I have found that the Appalachian program is one of the best we have had going.

It seems to me, however, that when we speak most emotionally of the problems we are faced with—I didn't hear the Alabama presentation, but certainly the one from Ohio—you can imagine the order of magnitude of the enormous problems we are faced with. In my State we may not be spread out as much in the sense that folks in any rural area would be 50 percent of potential wage earners in one of our cities are on some kind of supplementary income program.

This is the order of magnitude of the problems of Ohio, and also the Nation. What some of our "social planners" don't seem to understand is that we can't wait 10 years. The program is here now. It has to be dealt with now, and there should be no hesitancy in strongly supporting any program that is going to work, or that is working. I find that such goals and objectives make being a Member of Congress worthwhile in the first place. If a program is working, get out there and make it work better. Thank you.

[The following were received for the record:]

TRANSYLVANIA COUNTY,
Brevard, N.C., October 11, 1977.

Congressman ROBERT A. ROE,
Chairman of Subcommittee on Economic Development of Public Works, Rayburn House Office Bldg., Washington, D.C.

DEAR CONGRESSMAN ROE: For five years our county has benefited through the Appalachian Regional Commission Funding a Child Development Program which is a program of high quality and has allowed low and moderate income mothers to work and earn money to support their families while quality child care is provided for their children. Unfortunately the Appalachian Regional Commission Funding—which represents about ¼ of the total funding will end on June 30, 1978.

Five years ago we believed that five years of funding would be sufficient to develop other means to replace the ARC monies. We do receive TITLE XX, school food service, and State funds, and in addition our county provides approximately 13 percent of the funds. So we have been successful to some extent in securing a broadbase funding. However there are sufficient portions of the program that will be lost as Appalachian Regional funding ends. These areas include Comprehensive Health and Social Service, Administration, and support for moderate income families.

Our Board of Commissioners endorses HR 8777, which would allow the two additional years of Appalachian Regional Commission Funding for Child Development Programs. We are hopeful that with two additional years of funding new federal and state resources will become available that would then allow us to continue our Comprehensive Program on a permanent basis.

We encourage you and your committee to support these important legislations.

Sincerely,

LEIGHTON W. MARTIN,
Chairman, County Commissioners.

LAND-OF-SKY REGIONAL COUNCIL,
Asheville, N.C., August 29, 1977.

Hon. ROBERT W. SCOTT,
Federal Co-Chairman, Appalachian Regional Commission,
Washington, D.C.

DEAR GOVERNOR SCOTT: For over four years our Region has benefited through Appalachian Regional Commission funding of a locally administered Child Development Program which has been quite comprehensive in scope. This is a high-quality program to allow low and moderate income mothers to work and earn money to support their families by having quality care while they are away from home. Unfortunately, the Appalachian Regional Commission funding—which is a very high percentage of the total funding of the program—will end at the close of the current fiscal year, July 1978.

Five years ago, it was believed that five years of funding would be sufficient to allow the state and local governments to develop other means to replace the Commission funds. Some progress of this nature has been made, but it has not been possible for the state and local governments to allocate the necessary replacement funds from ad valorem taxes and other local sources of revenue or from the various federal "revenue sharing" programs.

As you are possibly aware, legislation has been introduced (HR–8777 and S–1984) which would help in this situation. This legislation provides that: 1) the Appalachian Regional Commission could provide up to two years "transition funding" for those programs which have concluded five years of ARC support,

20 co-sponsors in the House, and co-sponsors in the Senate include Senators Allen
mission will investigate problems of achieving other support and recommend solutions to these problems, and 4) a report shall be made to the Congress not later than one year from the enactment of legislation. As you may know, the House sponsor is Congressman Douglas Applegate of Ohio and the Senate sponsor is Senator Metzenbaum. In the House of Representatives, North Carolina Congressmen Gudger, Hefner, and Neal are serving as co-sponsors. There are almost 20 co-sponosrs in the House, and co-sponsors in the Senate include Senators Allen and Sparkman of Alabama, and Senator Glenn of Ohio.

Due to the urgent need to continue this program, which has been so successful in our area, the Executive Committee of our Council voted on August 24 to write to you indicating our desire that you strongly consider supporting this legislation.

For your information, I am enclosing some data concerning this program and its impact. If you have any questions about our program or its impact, please do not hesitate to contact Robert Shepherd or Sherri Metzger of the Council staff.

Yours truly,

Ed Todd,
Chairman.

FACTSHEET ON REGION B CHILD DEVELOPMENT PROGRAM (BASED ON DATA FOR THE WEEK OF FEB. 21, FOR ASHEVILLE, N.C.)—Continued

	ARC	Title XX	Tota

FACTSHEET ON REGION B CHILD DEVELOPMENT PROGRAM (BASED ON DATA FOR THE WEEK OF FEB. 21, FOR ASHEVILLE, N.C.)

	ARC	Title XX	Total
Number of families served [1]	83	388	471
Number of children served	93	471	564
Number of families:			
Work related	76	274	350
School related	1	44	45
Other related	5	26	31
Single parent families	4	184	188
Number of children of single parents [2]	4	284	288
Number of children served because of referral by DEC, DSS, THM, private physicians [3]	12	85	97
Monthly fee paid:			
$125	15		15
$107 to $125	2		7
$86 to $108	4		5
$65 to $85	11	3	14
$55 to $64	5	7	12
$50 to $54	5	3	8
$30 to $49	13	8	21
$20 to $29	9	9	19
$10 to $19	4	14	18
$5 to $9	1	11	12
Less than $5	0	18	18

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[1] Based on careful casework and thorough knowledge of family situation, the social service workers judge that 57 mothers of ARC eligible children would have to stop work if child care were not available.

[2] 231 mothers of title XX eligible children would have to stop work if child care were not available.

[3] This represents:

ARC parents' earnings	$808, 178. 20
Title XX parents' earnings	1, 250, 227. 72
Total mothers earnings	2, 058, 405. 92

Taxes paid on above earnings: FICA, $122,005.75, plus Federal and North Carolina income taxes. Furthermore, it is judged that 191 of the parents of title XX children would have to seek public assistance for basic needs if the wage earner had to quit work to stay home and care for the child or children involved.

NOTES

Apart from service to families and children, the child development program provides employment for 154 positions, plus part-time work for a number of substitutes, plus work experience for various job training and internship positions plus 2 full-time busdriver positions and 2 half-time busdriver positions.

Total child development:

Payroll	$1, 038, 322. 52
FICA	59, 781. 67
Using last pay day as basis (annually):	
Federal income tax	92, 669. 00
North Carolina income tax	41, 203. 00

NORTH CAROLINA CHILD DEVELOPMENT PROGRAM, FACT SHEET OF SERVICES PROVIDED [1]

	Region A, S. W. child development	Region B, Land-of-Sky	Region C, Isothermal P. E. & Development Com.	Region D, Council of Gov.	Region E, Western Pied. COG	Region NW, Child Development	Total
Centers	20	17	2	8	([2])	15	62
Children served in center	408	470	48	321	44	504	1,795
Family day care homes	3	15	0	0	0	1	19
Children served in FDCH	15	89	0	0	0	4	108
Children served in HV's	160	100	60	260	20	180	780

[1] Capacity to serve 2,800 children. With turnover, OFC estimates we serve 4,000 children annually. Approximately ⅕ of the children come from single parent families. Teenage parents represent approximately 4 percent of the families being served. Children enrolled in the program with mothers in the labor force constitute 1,229 or 48 percent of the total number served. Last year there were 125 children with mothers in work training. There were 274 staff persons who received child care training from postsecondary institutions. This year 5 of the regions are involved in title XX child care training projects

[2] Contracted.

A COMPARISON BY AGE GROUP OF THE NUMBER OF CHILDREN ENROLLED IN CENTER BASED NORTH CAROLINA ARC CHILD DEVELOPMENT PROGRAMS, MARCH 1973 AND NOVEMBER 1976

Age groups	Enrollment for March 1975	Enrollment for November1976
0 to 1		
1 to 2	22	34
2 to 3	54	79
3 to 4	136	198
4 to 5	498	555
5 to 6	709	678
	485	100

STATEMENT OF ELIZABETH PROVENCE CONCERNING APPALACHIAN REGIONAL COMMISSION CHILD DEVELOPMENT PROGRAM

What is the ARC Child Development Program? It is a Chris who learns how to relate to the world outside his home prior to first grade; it is a Tina whose infected system is diagnosed and corrected through dental care and whose mind, thereby, becomes alert and responsive; it is the Smith family who lives in the remotest "holler" discovering that somebody cares about them and their preschoolers; it is a family held together because good child care makes it possible Cindy learning to walk and Timmy learning to feed himself because a child caring program includes the handicapped child, too; it is a harried mother being saved from a nervous breakdown because she can sleep when she comes in from the night shift while her child is given excellent care in a family day care home; it is a blind child gaining enough confidence to meet life head on and handle it well; it is a local community—a regional government unit—a state agency—a federal commission caring about children and working together to express that caring. It is certainly the guarantee of a better life for thousands of children and the assurance that their contribution to the whole of society will not be lost.

In the State of North Carolina and ARC Child Development Program operates in 29 countries, stretching westward from Stokes and Forsyth on the east to Cherokee and Clay on the west.

The ARC Child Development Program incorporates nutrition, health, social services, mental health as well as cognitive development. The child is not served in isolation, but is served as a member of a family. Therefore, parents are involved in a multiplicity of ways. They make choices as to how and where their children are to be served; they serve on boards, committees and task forces; they are encouraged to serve and/or to visit on a volunteer basis in the center or home where their child is served; and every effort is made to convey the philosophy that they are vital members of a team whose purpose is to serve the child involved.

For the first time—ever—hundreds of families have access to quality care for their children, and parents have *real* options in the kind of child caring they want for their children. Operating out of Child Care Centers, Family Homes and in individual homes through a Home Visitor program, the ARC Child Develop-

ment Program reaches the lives of over 3800 children, from birth to school age, and their families.

The Appalachian Regional Commission did a good thing when they determined that some of the ARC funds were expendable for quality child development. Children are an even more vital resource than are roads, sewage and water projects, research, and other tangibles.

Mr. ROE. Next we will hear from Mississippi, Ms. Helen Taylor.

Mr. APPLEGATE. Incidentally, Mr. Chairman, I might add that there is a delegation of people who came here to testify today that went over to sit down and talk to some of the members of the Senate Subcommittee in Public Works—Alabama and Ohio.

Mr. ROE. All right. Ms. Taylor, you are center stage, and you are representing the great State of Mississippi.

Ms. TAYLOR. Yes.

TESTIMONY OF THE MISSISSIPPI CHILD DEVELOPMENT SERVICE REPRESENTATIVE, HELEN TAYLOR, DIRECTOR, COMMUNITY CHILD DEVELOPMENT SERVICE

Ms. TAYLOR. Mr. Chairman, other members of the committee, I am very pleased to be here today, and although I am the only one present there were other people who wish they could have been here and sent their support.

I am the administrator of a community-controlled child development program with four centers in three rural Mississippi counties, serving 151 children ages 6 months to 6 years. I am also the mother of a pre-school child. I am here to speak on behalf of H.R. 8777, a measure I feel is urgently needed.

The need for child care is not new to the communities in which I grew up and now work. For 15 years parents and concerned community persons have struggled to maintain volunteer centers to meet the needs of their children. While they were able to afford little more than custodial care from a physical standpoint, they were filled with warmth, love and concern.

In 1971 these community-controlled centers learned about the availability of funds from the Appalachian Regional Commission to develop child care programs in our area in order to demonstrate the value of quality child development. It took two years of negotiations to consummate funding.

The new Federal funding made a terrific difference. It linked the three centers with a central office that provided educational, social services and administrative skills for the benefit of the centers and the communities which they serve. The program was expanded to include full staff, enrichment activities, health care, career development training, and coordination of existing human service resources.

A program which had survived for so long on community support, immediately expanded on that base rather than sitting back complacently with these new Federal dollars. To prove community concern and provide comprehensive services, volunteers launched a community support drive that netted pledges of more than $70,000 in donated services in the first program year. That kind of support has increased through the 4 years of ARC funding.

Local doctors have donated time to treat the children. Screening for vision and hearing defects is done by junior auxiliary volunteers. Student nurses from the regional vocational-technical center participate in the program, both learning about child development and contributing to the growth of the children.

Field placement from Mississippi State University brings students in social work, child development, nutrition, special education and creative arts, and other areas into the lives of these children. Parents show their support through volunteer efforts to create special events, fund-raising and are involved as members of the policymaking board. The centers have become a focal point for community activities and the place where people of good will can volunteer services or the local governments can assign public service workers for training.

The program has attracted financial support from local government as well. A grant from the Housing and Community Development Act has been received from the city of Starkville. Revenue-sharing funds have been forthcoming from Clay and from Noxubee and Oktibbeha Counties. These funds came after strong community support had been exhibited for the program.

Yet these sources of funds have many problems. The main problem is their uncertainty. From community development funds we received $14,000 in each of the fiscal years 1975 and 1976. During this period we concentrated many of our recruitment efforts on children who fit the targeting demand by the funding source.

Then in fiscal year 1977 the city was told by the Jackson area HUD office that it could no longer honor a continued request for funds for social services. Despite massive work on our part, that decision could not be overturned and the funds vanished. For revenue sharing we were able to plead successfully with three governmental units to gain a small share of those funds. Then this year we were told that some new regulation prohibited them from giving those funds to a private nonprofit social service agency. Again, the funds vanished.

So here we are, working to provide a healthy, happy environment for children, while struggling for the continued existence of the program. That is most difficult, as the morale of the workers, their uncertainty, cannot help but communicate feelings that are counter to our goal of enhancing self worth.

We feel that we have a good program and that we have honestly struggled to find a secure, ongoing base of support for the required matching funds for title XX. In the absence of any other program, title XX, with its 25 percent matching requirement appears to be the only means of continuing services. We have failed, only because that base is not there.

Now is not the time to throw out the program because it does not meet the scheme developed up here in Washington, because it does not work that way out in the region. Yet, unless you act that is what will happen. We urge you to take action that will give renewed strength to those who serve the region's children, renewed hope to our children.

Now we have given you an overview of the program and how we have coordinated our efforts to live within the ARC guidelines of raising a percentage of our match as well as coordinating our efforts with other agencies in order to survive.

Now let me make you aware of a child that came to us with numerous problems, and was helped, not from direct program funds but by referring her to various agencies she has been able to successfully enter the first grade.

Audrey came to us with both her legs turned inward. We referred her to Crippled Children Services and Easter Seal, where bone specialists had to break both legs and turn them outward. She remained in a cast for several months, and her walking is now normal.

Later, Audrey had her vision screened by Junior Auxiliary and she was found to need glasses. Through the help of the Lions Club she was able to get them. In a later screening Audrey was found to need dental work and again the Crippled Children Services paid for the work.

Audrey is now a normal, healthy, happy first grader who comes home with smiles. Audrey has a single parent who worked but had a small income and did not qualify for welfare.

There are many other children in Mississippi with problems of this nature, but their parents are unable to pay for these services and have no access to information as to where they can receive needed services. Through day care programs these services can be provided by using a good referral system. This is just an example of the good use of ARC dollars.

This is a brief description of our program and child that has been helped, but there are 14 other centers in Mississippi, 727 children and 125 employees who would be affected at the end of ARC's fiscal year 1978. There is an urgent need for the continuation of the Appalachian child development program especially because the State does not provide any State funds for children services.

We appreciate the opportunity to meet before the committee and plead your mercy in extending H.R. 8777 because it has made such a large impact on our State.

Mr. Roe. Splendid. Your representative, Congressman Dave Brown wanted to be here to introduce you today, but it was necessary that he make a presentation on the floor of the House at this time.

Any questions?

[No response.]

Mr. Roe. Thank you. Now we have the Georgia Child Development Service representative, Marylin Favors, ACTION, Inc., Athens, Ga.; Ms. Kay Pope, director, Gordon County Day Care Center, Calhoun, Ga.; and Mr. C. Tommy Hess, director, Atlanta Department of Human Resources.

TESTIMONY OF A PANEL CONSISTING OF THE FOLLOWING: MARILYN FAVORS, ACTION, INC., ATHENS, GA.; TOM POPE, DIRECTOR, GORDON COUNTY DAY CARE CENTER, CALHOUN, GA.; C. TOMMY HESS, DIRECTOR, ATLANTA DEPARTMENT OF HUMAN RESOURCES

Mrs. Pope. My name is Kay Pope, and I am the chairman of the board of the Calhoun-Gordon County Child Care Center in Gordon County, Ga. Our center serves 72 children ages 6 months to 6 years and is funded primarily by title XX of the Social Security Act and Appalachian Regional Commission with local government and State and fees providing the required match money.

Gordon County is typical of the 35 Appalachia Georgia counties. It is small, we have a population of 27,500, with a rural culture and a recent influx of industry in carpet and textiles providing ample jobs for unskilled and semi-skilled men and women. Textiles require many female employees. Thus there is always a ready job market for women, 24 hours a day, at over 100 mills in our small county. Day Care has become essential in the last 10 or 15 years. Our center maintains a waiting list of at least 50 families wanting to enroll their children.

Our child care center was opened in 1972 as a title IV–A center, and by now I'm sure you have gotten the picture. Being the end of the line I realize that we have the same problems that everyone else is having. Title IV–A allowed us in 1972 to only serve extremely low income, one-parent families. The restrictions were very high.

We quickly realized the inequities of this concept because we were forced to refuse care to struggling families, pitifully poor but over the title IV–A financial cutoffs, or because there were still two parents in the family. The next blow came when we were forced to turn out children whose mothers improved their work situation and raised their level of income beyond IV–A standards.

We turned to Appalachian 202 funds to expand our IV–A program to offer day care to a wider range of family situations. The present enrollment of our center is 54, title XX—which replaced IV–A for us—eligible children and 18 ARC children. The ARC children pay fees according to a sliding scale based on the number of family members and income. This has enabled us to offer service to anyone in Gordon County enrolling children on a priority system based on family need. Broadening the program in this way has proved a strong selling point with the county, and has accounted in part for excellent community support.

Appalachian 202 funds have given many of the 35 North Georgia counties this opportunity to broaden or introduce new and desperately needed programs. The 1977 Georgia Appalachian 202 health and child development plan indicated that of a possible 89,000 zero to age 6 children, approximately 22 percent, or around 19,000 children, needed and were participating in such child care services as day care, Head Start, homebound programs, public school kindergarten, and family day home programs.

I believe this is the report that has been indicated. This is the result of the Georgia study in that area.

Over the past 5 years ARC funds have been used to initiate a variety of these same child care systems, as well as such supportive services as health and speech therapy programs. In 1976 ARC investment in child development in Georgia was slightly over $2 million, and other Federal funds, primarily title XX of the Social Security Act, totaled $1½ million. State and local funds provided the required cash match for a total child care investment of more than $4½ million.

Twenty-four day care centers, five regional coordination systems, four homebound programs, a family day home project, a child health screening, diagnosis and treatment program, a dental screening and treatment program, a learning disabilities research project, a child care staff training project, and a seven county public school kindergarten program were funded at this time.

A day care center such as ours utilizes many of these other services. Please remember, however, that ARC funding is for demonstration projects with a limited time schedule, in our case 5 years, with the expectation that once established, the local communities would step in and assume the total costs. I gathered from other people's reports that they had assumed from the beginning that they would turn to other Federal programs such as title XX, but in our particular instance the expectation was that it would become a local sponsored program, as far as the ARC part was concerned, because we were augmenting an already existing title XX program without ARC funds.

As the ARC funding has begun to expire the programs may be forced to reduce their enrollment due to inability of local communities to take over funding. In October 1976 Governor Busbee set aside $575,000 of newly allocated title XX funds. Each of the ARC centers was given opportunity to gradually increase the number of title XX children to replace ARC slots.

Of the programs listed above, 14 day care programs and two homebound programs chose to participate in the new title XX funding, thus ending their ARC support. The remaining 10 day care programs elected to continue ARC funding as long as possible, serving children and families who were not eligible for title XX. The boards of these programs preferred to keep their centers open to the entire community, rather than to only one segment.

Mr. ROE. May I interrupt there? We are trying to service a broad based need. In effect, what we are saying here is that because the ground rules changed, so to speak, we may have to throw somebody out and bring somebody else in, and those children are just literally being thrown out of the program, not because they don't have a need, but because of the fact that they no longer qualify because of somebody's regulations.

Mrs. POPE. Exactly. The Calhoun-Gordon County center was one of the latter. We chose to keep our ARC funds. Our board felt a responsibility to the fee-paying families presently using the center. Many of these children show emotional and developmental needs greater than the very low-income children, which proves the point that money is not the only yardstick for need.

As an example, two brothers entered our center in 1973, the elder age three, very withdrawn. The younger baby had and continues to have a serious skin disorder. The mother was in and out of a mental institution, the father illiterate and mentally disturbed himself. With both parents working regularly they were able to maintain reasonable emotional stability, but neither was able to cope with the children's daily needs dependably.

We have been able to develop the older boy's abilities with the help of psychological testing and therapy, and to assure medical treatment for the baby. This family has lived on the brink of emotional disaster. The father has attempted suicide once and was hospitalized extensively. With our help they are functioning as a whole family, working, and growing stronger every day. We cannot easily put such children out of the center.

Incidentally, our center's ARC funding runs out November 30 of this year. Funding day care programs is an ongoing concern in Georgia. The corridor of Appalachian counties between Atlanta and

Chattanooga, Tenn., is one of the fastest industry growth areas in the State. More jobs and higher standard of living expectations result naturally in greater child care demand. Rural Appalachian adults are not accustomed to allotting large amounts of their paychecks for child care. They will not be able to, or willing to pay $25 to $35 a week per child for adequate day care. They will fall back on less desirable arrangements, such as grandmothers or older brothers and sisters, rather than the high fees.

The average weekly cost of care for a child in our center is around $37.00. We provide an excellent program, far superior to any private day care available in Gordon County. The private centers charge around $25.00 per week per child. The extremely high standards the Federal Government has set for day care has created a beautiful center, unattainable to Gordon countians except with Government subsidy.

Gordon County has probably the best record of local participation in day care in the Georgia Appalachian region. The city and county jointly provide the 12.5 percent local match needed after we have exhausted our fees as match. The State of Georgia provides the other 12.5 percent to make the 25 percent match needed.

In addition, the city has provided and renovated two buildings, rent free, for us for 4 years and the city and county together this year provided $15,000 for renovations needed on our present, and we hope permanent, facility. We have received constant help and interest from individuals, businesses, industries and local government. The local community is unable to shoulder the entire cost of operating the program also. If we are to continue this excellent service to the families of Gordon County, we are going to have to have ongoing help from ARC.

I might add that to emphasize this, no one else that I listened to this afternoon has discussed the fact that the building has to be maintained and found and renovated, and there just is no money available for that except at the local level, at least in Georgia. We have had no State support, nor could we beg, borrow or steal funds to purchase or renovate or pay for in any way of providing the building. And this has been a continual drain on our local community. We are constantly going back with the roof is leaking, or we have got to have a new building, or something like this.

Mr. Roe. Let me ask you this question: Do you know whether Gordon County is in an economic development designated area?

Mrs. Pope. I know that we have applied for HUD, we made application to that, we made an application——

Mr. Roe. Would you know that, Carl?

Mr. Lorenz. I don't have that designated book here.

Mr. Roe. Would they be eligible under title I money?

Mr. Lorenz. If they have a high unemployment rate in excess of 6½ percent they are probably eligible.

Mrs. Pope. I don't think we do. I believe we don't fall in that category.

State and local funds are being maximized to support day care in Georgia, yet the need for funding exceeds the available resources. We recommend the passage of House bill 8777 to extend present ARC funding at the current level for 2 years. However, we also recommend additional funding to provide ongoing Federal support for day care to serve a broader range of Appalachian families in needy areas.

Mr. Roe. Uniquely, the Appalachian regional development program is the only program under the jurisdiction of this committee that covers the broad social range of services of this nature, which we are very proud of.

Just to elucidate a little bit, the ARC people are coming back and saying that they are trying to stimulate varied development elements, whether it be child care development centers, water and sewer projects, economic development, et cetera, and really what the testimony is focusing on today is whether we are going to establish more permanent financing, or some other methodology for child care development in the Appalachian region.

If the flexibility for applying Federal funds is maintained with the Governors and they can decide on the priority need of the areas within their respective States then the whole lexicon of coverage would be up to the Governors at that point to say whether they want to put more money into the child development care program.

OK. Any questions?

Mr. Applegate. Thank you very much for your testimony.

Mrs. Pope. I might add that one problem we have in the State of Georgia——

Mr. Roe. Whose district are you in? Do you know offhand?

Mrs. Pope. Larry McDonald. In the State of Georgia when you start talking about money for children, which ARC is going to get funded, we do not have public kindergartens in Georgia, and this is a big question that comes up every legislature, are we going to have public kindergarten or are we not going to have public kindergarten.

Mr. Roe. That is an important point.

Mrs. Pope. We have some demonstration kindergartens through ARC throughout the State, and we have some token public kindergartens. We have one in our county through the public school system, but they are so small in service that they only take the very poor children, and in fact, it is not a public kindergarten system in that they are so limited, in the number they can serve. But when you start talking about money for children in Georgia, I believe that the kindergartens have got to come first before day care, because that is an older issue.

Mr. Roe. The representatives from Georgia; namely, the people, should make the point they are making to this body today to their Senators also.

Mrs. Pope. This definitely is a lobby issue.

Mr. Roe. People who have children also vote; don't they?

Mrs. Pope. Yes; but we have that problem with kindergartens.

Mr. Roe. How many other States of Appalachia do not have kindergarten programs?

Ms. Taylor. Mississippi does not.

Dr. Francis. Alabama does not.

Mr. Applegate. Ohio does; I know that. Does your Governor, Governor Busbee, is he receptive to your programs?

Mrs. Pope. Yes; I think so. He is quite an advocate of public kindergarten, and I really feel like, you know, if it is left without funds, new funds to be spent, I really feel like if it is left without funds, new funds to be spent on children that the kindergarten question will——

Mr. APPLEGATE. But if he had discretionary authority with the money to be able to utilize it for these programs would he do it?

Mrs. POPE. Yes; I think so. You know, he is interested in day care.

Mr. ROE. Dr. Francis.

Dr. FRANCIS. Would you please let the record show that the State of Alabama the title XX regulations administeratively prohibit the kind of arrangement that Mrs. Pope has just described. We sought the alternative for private organizations or for parents to pay an appropriate fee in Alabama for us to continue the porgram as they have been able to do so in Georgia. It further complicates the Alabama situation. It is gratifying to know that there is at least one State where the Board can make the decision that you have done so, and if anything it really complicates the issues in your capacity, because it tells us that there are significant inadequacies at even a greater level of need in some of the States than in others.

In Alabama if a program under title XX had more than 15 percent noneligible children you are not in any way allowed to continue a stabilized budget in any fashion, which means that a public organization with no other alternative funds would be forced in some fashion to try to seek the funds, just as we have been describing with ARC, to give you a stability to allow you to serve more than 15 percent noneligible children.

So it adds to the complication that we have just been describing earlier today. I think perhaps Ohio has something of the same problem.

Mr. ROE. Are there any other questions?

[No response.]

Mr. ROE. Thank you very much.

We have from Maryland Dorothea Haigh, representing Allegany County, Md.; accompanied by Jane Reese, executive director of Maryland Human Resources Development Commission.

TESTIMONY OF A PANEL CONSISTING OF DOROTHEA HAIGH, ALLEGANY COUNTY, MD.; ACCOMPANIED BY JANE REESE, EXECUTIVE DIRECTOR, MARYLAND HUMAN RESOURCES DEVELOPMENT COMMISSION

Ms. HAIGH. I represent Allegany County, Md. The Appalachia region extends into Garrett, Allegany and Washington County in western Maryland; three counties. My board representative, Mrs. Kopsack, wasn't able to come, and Mrs. Reese is here.

Our child development program is operated under a community action agency whose name is Human Resources Development Commission. It was once Community Action, and we changed the name.

I think everybody has my prepared statement and I'm glad to see that Ms. Reese was able to come, because I was frantically editing my statement, trying to include some background information on Allegany County, and I am glad that she is here to help me.

Our child development program in Allegany County, Md., has served over 400 preschool children and their families since operations began in 1973. We are presently in our fifth year of funding under the Appalachian Regional Commission and unless additional funding is secured, operations will end June 30, 1978.

The Appalachian Regional Development Act of 1965 states that—

> The public investments made in the region under this act shall be concentrated in areas where there is a significant potential for future growth, and where the expected return on public dollars invested will be the greatest.

One-fourth of the residents in Allegany County are low income families whose incomes are less than $5,000 for a family size of 3.3 persons. Our county does have a significant potential for future growth, but this growth we feel is dependent upon our day care programs which provide services at no cost to the recipients.

Our program provides comprehensive services to 80 children, ages 3 to 5 years, and their families through the operation of two child development centers. The services provided include social services/parent involvement, educational services, handicapped services, health and nutritional services and transportation.

Our program recognizes the family as being the principal influence on their child's development and thus, in order for our program to help each child achieve his or her maximum potential we must first enhance the parents' sense of dignity and self-worth. Our social services staff is responsible for insuring the continuing enrollment of children and promoting parent participation in the program. Parent involvement is accomplished through the formation of parent groups at each center and a parent advisory council.

Parent groups meet monthly at each center and although one-fourth of our parents are working mothers, and two-thirds of these are single parent working mothers, we have achieved over 50 percent attendance at these meetings. Parent education is provided through workshops and guest speakers at the monthly meetings and I must include, through our teachers making home visits and our social service staff making home visits, and individual family needs are met by our staff who also serve as spokesmen for the families in contacting local agencies which can further assist the family.

This would include department of social services, or any other type of program that provide emergency social assistance. The advisory council is composed of parent representatives from each center group and their function is to share in the decisionmaking process with myself to determine program operations and policies. A yearly evaluation of the program is also conducted by the advisory council which we feel insures continuing improvements in the program's delivery of services.

Educational services involves a skill-oriented curriculum which is designed to meet the individual needs of each child. The teaching staff utilizes the learning accomplishment profile, which I must add was developed by Ann Sanford, who is from Winston-Salem, N.C. This is used to assess each child's developmental skills and activities are planned which will aid in the child's development of cognitive skills, language skills, self-help skills, motor skills and socialization.

A minimum of 10 percent handicapped preschoolers are also enrolled in our program each year. We have surpassed this guideline each year, which we in turn set up the guidelines, and have enabled many hapdicapped children who would otherwise be excluded from any type of educational programing to achieve the needed skills for public school.

Through coordination with our county board of education we have insured continuing programing of an appropriate education for each handicapped child as they leave our center and enter public school. The demonstration of their reciprocal value and effectiveness in our society is for all children, and especially for the handicapped, ultimately contingent upon early identification and educational intervention.

In Allegany County, our child development and Head Start programs—Head Start also being operated by the community action agency—are the only principal programs which are designed to provide for the large enrollment of handicapped children. Without our programs these children will suffer from the lack of educational programing, which now allows them the time to develop the readiness skills required to enter the public school system.

I would also like to insert here that many of the parents of our handicapped children are working parents that are above the poverty income guideline, but because of their high income so to speak they cannot receive medical assistance for their children, and without our type of programing that provides medical and nutritional, you know, these children would be left out in the school. Their parents would probably have to pay for a licensed day care mother, or some kind of babysitter to take care of the child, which actually would not meet that child's additional needs.

Since our program stresses the importance of meeting the total needs of each child, we must ensure that each child is both physically and nutritionally healthy in order to benefit from the everyday classroom experiences.

Our program provides health services to each child which includes physical examinations with immunizations, screening and diagnostic services and dental screening and followup treatment. The screening services include hearing and vision testing, urinalysis, hematocrit and sickle cell screening and specialized clinic services for followup of any problems detected within the screening tests. Dental screening includes cleaning and flouridation treatment and followup treatment for the children as needed. And I must add that Allegany County is one of the few counties that does not have flouride in the water, so of all the screening services the dental screening has, you know, enabled many of these children to overcome all the problems that they have just because the water does not have fluoride.

Nutritional services are provided through the serving of morning and afternoon snacks and a daily lunch for each child. All menus comply with the USDA's recommended nutritional requirements for preschool children and special menus are developed for children with certain dietary needs. Nutrition education is also accomplished within the regular parent education workshops.

Last, but not least, is our provision of transportation for all children. This service enables us to expand our target areas for each center and thus, ensure enrollment of children who would otherwise be denied enrollment elsewhere due to the lack of family transportation.

As you can see, our program is meeting the needs of preschool children and their families in Allegany County through the coordinated delivery of each of these comprehensive services. All of these services are essential if we are to provide an effective intervention program for preschool children and their families.

In summary, I must reiterate that our regional growth is dependent upon comprehensive investments that we have made in the children and their families of Allegany County through our child development program. Without the continued assistance of Appalachian Regional Commission funding, our centers will close and this will certainly have a detrimental impact on the economic growth of Allegany County.

I would also like to go on record as saying that Allegany County has the highest unemployment rate in the State of Maryland, of all the countries. We have made the news many times because—especially during the fuel shortage. Mandel was able to make a visit to our county and say, yes, we are hurting. The highest concentration of unemployment is within the city of Cumberland. This high unemployment rate is due to the fact that so many of the industries in the city of Cumberland have closed down; have furloughed a lot of people.

I have looked over the title XX plan in the State of Maryland. Presently we will receive funding through the month of June. ARC funding does run out May 30, 1978. I was able to secure title XX funding for June, 1978. Under the title XX plan it states that 1977 allocations to the State of Maryland was based on $48.6 million, which was an allocation based on population.

The population growth of the State of Maryland has decreased. In 1978 our allocation dropped to $48 million. It doesn't sound like a lot of a decrease in money, but it was. We have been informed that we will not be able to receive title XX. In the three-county region there are no State operated day care. In 1972 the Maryland General Assembly put a moratorium on State operated day care in the Appalachian region because of our comprehensive programs. We were serving children through ARC.

Day care services are available from the Department of Social Services through title XX funding, but it is not in the form of day care centers, it is in the form of day care mothers, and I hope you know that day care mothers are licensed for a certain number of children in their home. They can't meet the type of program that a center meets.

They can provide meals to the children, they can you know, love and take care of the children, but many of them are licensed for five children. What if a child gets sick? They can't rush him to the hospital; we can. So there is a problem with family operated day care, as opposed to center operated day care.

Ms. REESE. I have just one additional comment. As the director of a community action agency I feel very strongly that the preschool programs, both Head Start and child development, who enjoy the same philosophy in preschool education, most exemplifies the mission of every agency across the country, have reached a point where we can at least have an impact on breaking the constricting poverty cycle. So we are very pleased with the progress that the child development program has made, and are extremely concerned about its future because we feel that it does have a tremendous impact, both short term and long range, on the county.

Mr. ROE. Splendid. Any other questions?

[No response.]

Mr. ROE. We want to thank you. The members are going to have to leave to vote on a bill the next time those bells ring, so, on behalf of the committee, I want to take this opportunity to thank you very, very much; first of all, for coming all the way to Washington to present your views, and for your splendid testimony. I certainly compliment my good friend and colleague, Doug Applegate, who has been in the forefront of the legislative proposal. I know he is new, but he has done an exceptional job in getting things done. It is no easy task to gather all of us together for a public hearing at this late in the session, so to speak, and then translate our efforts into action in both bodies of the Congress. We will move ahead in the direction of a resolution as quickly as possible.

It seems to me from discussions today with representatives from the ARC—and we will be talking with them further—they will be considering some kind of refinement to the Appalachian child development program we are going to be able to retain these services, particularly in view of the fact that other Federal programs just are just not going to measure up and provide the kind of funding that you are going to need if you are going to continue on at all, unless funding is available directly through some of the communities.

On the other hand, one comes back and says well, if funding had been available through the communities, we wouldn't be in this position in the first place. So I think that it is a chicken and egg situation.

Thank you very much, ladies and gentlemen. The hearing will now stand adjourned.

[Whereupon, at 4:04 p.m. the hearing was adjourned.]

[The following was received for the record:]

LAUREL COUNTY CHILD DEVELOPMENT CENTER,
London, Ky., October 13, 1977.

HOUSE COMMITTEE ON PUBLIC WORKS,
Rayburn House Office Building,
Washington, D.C.
(Attention: Ms. Anne Howard.)

DEAR MS. HOWARD: Enclosed is information related to our program and an explanation of the problems we are facing as a result of the ending of our ARC Funding August 31, 1977.

One child development center with a capacity to serve thirty-seven (37) children was forced to close.

Social services was decreased and many services offered to the family were eliminated as a direct result of the ending of the ARC Funding. Example:

A. Home visits by the Social Workers were reduced to one visit per family per month.

B. Transportation for medical, legal, and Social Services was eliminated.

Medical and dental services were decreased.

The remaining two centers will operate ten (10) months rather than twelve (12) months.

Transportation routes have increased as a result of trying to serve the many needy children.

Two of our current CETA Contracts and one Title XX Contract will expire during the summer of 1978.

Sincerely,

RALPH LIPPS, *Program Director.*

Laurel County Child Development Center,
London, Ky., October 13, 1977.

House Committee on Public Works,
Rayburn House Office Building,
Washington, D.C.
(Attention: Ms. Anne Howard.)

Dear Ms. Howard: Below is a list of funding sources for the 1978–79 FY.

1. Title XX Contract.
2. State Purchase of Care Contract.
3. Local support from Fiscal Court.
4. Special fund-raising projects by the staff and parents.
5. Special donations from local industry.
6. Special In-Kind donations. Example: Approximately eight-thousand dollars ($8,000) in bakery products from one local bakery.
7. Health services provided by various health caring agencies. Examples:
   - A. Speech screening.
   - B. Hearing screening.
   - C. Psychological screening for emotional, social and mental problems.
   - D. Vision screening.
   - E. Limited dental screening.
   - F. Various services offered by the local health department.

Sincerely,

Ralph Lipps, *Program Director.*

Laurel County Child Development Center,
London, Ky.

Dear Parents: The Laurel County Child Development Centers will be going into a new fiscal year September 1, 1977, and several important subjects should be brought to your attention.

A. All fees will be $15.00 per wek per child. If you have two children enrolled in the center the fee for the second child enrolled will be $7.50 per week. All fees should be paid one week in advance. All fees must be paid on time and no fee will be carried from one week to the next.

B. Adjustments will not be made in the weekly fee unless your child is absent two or more days during the week. Example: If your child is absent only one day during the week your fee will be $15.00 but if your child is absent two or more days during the week, your fee will be $3.00 per day.

C. The Centers will open at 7:30 a.m. and close at 5:00 p.m. each day. Overtime charges will be $1.50 for the first 15 minutes and $1.00 for each additional 15 minutes. Overtime charges must be paid the day of the overtime.

We do not have sufficient funds to pay the staff overtime, therefore, the staff must take time off for all overtime worked. This takes away from the quality of education and services your child receives.

D. The Centers will be closed on the following holidays:

1. Labor Day.
2. Thanksgiving (usually two days).
3. Christmas (usually two days).
4. New Year's Day (usually two days).
5. Washington's Birthday.
6. Memorial Day.
7. Independence Day.

E. Several children will be transported by the center buses and mechanical problems occur occasionally. If the bus should have mechanical problems every effort will be made to contact you to let you know of the difficulty. The buses will not run when the Laurel County Schools are closed due to hazardous road conditions. The centers will be open to accept children on these days, but the buses will not run.

If extreme weather conditions should exist the centers may close for a few days.

F. Parent Education meetings will be scheduled several times during the year. Many topics will be discussed and various Child Development films will be shown.

Also volunteer services are important to the program. Services such as donated time, good used toys, good used clothing, volunteers for fund raising projects, such as bake sales, etc. are greatly needed.

We look forward to having your child in our centers this fall.

Sincerely,

RALPH LIPPS, *Program Director.*